

# Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

• JANUARY, 1934 • CIRCULATION: 131,000 •



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# MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

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JANUARY, 1934 • VOL. 11, No. 4

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It is well for us weaklings that the medical profession has tempered the wind to the lambs that we are today. Few of us have the old fortitude. But, thanks to the steady year-by-year accumulation of medical knowledge, we do not need to be so strong. Our doctors are strong—and on them we rely.

We, who believe in our doctors, constitute the big majority party. We cannot help but know, however, that the absolutely sound findings of modern medicine are not always acceptable to many of our citizens. For them, we advocate an overdose of jalap!

Despite disbelievers, modern medicine continually meets the most serious emergencies with an ease that would have surprised even the practitioner of a few decades ago. In combating *the threat of infection*, for instance, the physician of to-

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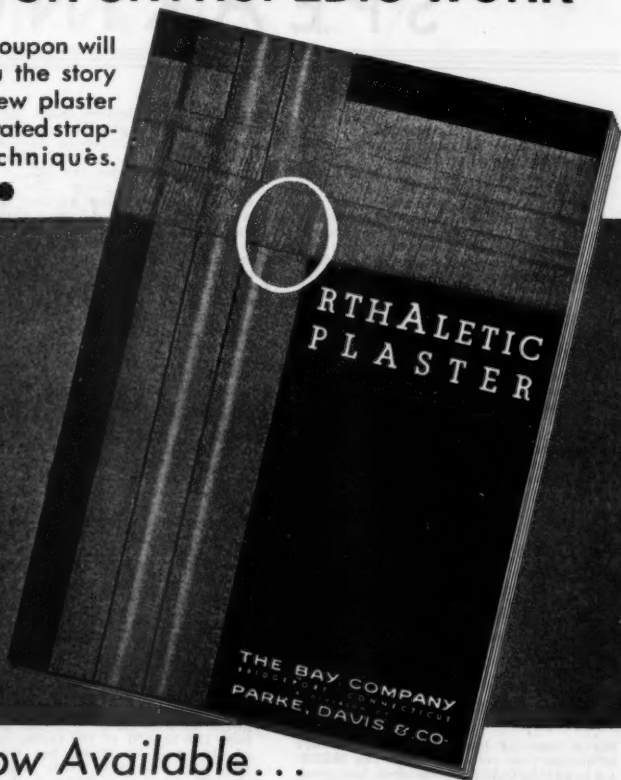
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# SPEAKING

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## Standard

**TO THE EDITOR:**  
Will you kindly put me down for a copy of your fee schedule of 600 treatments and operations, as offered in the November issue of **MEDICAL ECONOMICS**?

While fees of such proportions are not received in the community in which I practice, it will be nice to peruse such a list and know that somewhere men receive fees in keeping with the standard of the profession.

J. Edward Brown, M.D.  
Hellertown, Pennsylvania

## Mystifying

**TO THE EDITOR:** I would highly appreciate a copy of the complete schedule of average, minimum fees, compiled from the **MEDICAL ECONOMICS** survey. The problem of trying to charge a proper fee for services rendered is the most mystifying one confronting the first year practitioner, and this should mean the solution of that difficulty.

Daniel B. Marcus, M.D.  
Detroit, Michigan

## Fee Guide

**TO THE EDITOR:** Will you please send me about ten copies of your schedule of average, minimum fees, compiled from the **MEDICAL ECONOMICS** survey? I want to use this as a guide in caring for indigents in Saginaw County.

Richard S. Ryan, M.D.  
City Physician  
Saginaw, Michigan

## Handicap

**TO THE EDITOR:** I hope that this request for a copy of the schedule of average minimum fees compiled from the **MEDICAL ECONOMICS** survey does not reach you too late.

Needless to say, I am greatly desirous of obtaining my copy. I find, day after day, that the lack of knowledge of medical economics directly due to lack of instruction in medical school curricula is a severe handicap to me as a beginning practitioner.

Murray B. Jacobson, M.D.  
Perth Amboy, New Jersey

## Joker

**TO THE EDITOR:** This concerns your article, "The Free Service Boomerang," in the October number of **MEDICAL ECONOMICS**. The only fault I can find with it is that it isn't strong enough!

Under the Ohio law relating to compensation for the treatment of the in-

digent sick, notification must be given in writing by the physician to the township trustees within three days of the time the service is rendered. The township is then liable for the bill.

But here is the joker: The trustees shall pay only such fees as they consider just and reasonable. If they think one dollar is enough to compensate you for going three miles to treat a sick person, that's all you can get.

I feel better to get this off my chest. Let the others do as they think best. I'm through. I've done enough charity work in the last 45 years, and I've learned my lesson.

George J. Searle, M.D.  
Plymouth, Ohio

## Ima Nurse

**TO THE EDITOR:** On September 18 there appeared in the St. Louis Post-Dispatch a letter to the editor, entitled "In Behalf of Nurse Anesthetists," by Ima Nurse, R.N. I quote from this as follows:

"Doctors who take up anesthesia fall largely into two classes: the young graduate in medicine who does it temporarily to earn bread and meat, the older doctor who has made a complete flop in the practice of medicine.

"Nurses in anesthesia, on the other hand, are hand-picked, and have had much operating room experience. Every last one of them must go through a school of anesthesia, and it is her life's work.

"Johns Hopkins Hospital, Barnes Hospital, and the Mayo Clinic all use nurse anesthetists because the surgeons demand them. We can not all have the benefit of the skilled hands of the surgeons there, but we can have the benefit of their judgment that the nurse anesthetist is the better."

Ima certainly gives the nurse anesthetists a high recommendation, but what she says is merely a matter of opinion; and I still believe that the opinions of doctors are nearly as good as the opinions of nurses.

If a nurse really wants to practice a specialty in medicine, such as anesthesia, let her spend eight years of her life in a medical school, plus ten or fifteen thousand dollars in cash. She will then receive her degree and be legally qualified to practice medicine and to enjoy the economic problems of doctors.

Following this, she can go and take her four-months' course in anesthesia after which she will be qualified to sign death certificates and be responsible in

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# FRANKLY

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the courts for any fatality due to anesthesia. After all, why should the surgeon be held legally responsible as he is today?

Most surgeons don't demand nurse anesthetists, but do feel obligated to use them when they are placed in the hospital by its directors. In a number of institutions, however, they are getting away from this tendency.

St. Louis University Medical School, for example, has an M.D. at the head of the department of anesthesia, and the medical students receive training in this specialty. In the new Desloge Hospital, moreover, nurses are not allowed to give anesthetics. This work is in the hands of two competent M.D.'s.

The time is near, I am convinced, when all Class A medical schools will have a licensed physician at the head of the department of anesthesia. Medical students will receive ample training on the subject.

Lastly, I believe that the time is approaching when no one will be allowed to administer an anesthetic unless he is legally qualified to sign a death certificate.

And so it should be, for both legal and economic reasons.

O. O. Smith, M.D.  
St. Louis, Missouri

## Survey

TO THE EDITOR: I am very much interested in obtaining the complete schedule of average minimum fees compiled from the MEDICAL ECONOMICS survey which you mentioned in your November edition.

Our Medical Problems Group, a subdivision of the San Francisco County Medical Society, is making an intensive study of this subject, and your schedule will be of great value to us.

Harold A. Fletcher, M.D.  
San Francisco, California

## Goose

TO THE EDITOR: I was pleased to note Dr. Farel Jourd's letter in September MEDICAL ECONOMICS, regarding the Vasko case.

Because of the rather unsavory position occupied by the medical profession in the eyes of the public at this time, I am convinced that it is unwise for us to grate on that public's nerve by continually seeking legal measures to enable us to attain those things we can not secure through our own efforts.

Here is how a layman I know expressed his opinion of the Vasko matter to me:

"The medical profession must be hard pressed when it has to resort to law to

gain its point. Why this impotence? Evidence of such a lack of strength and unity certainly sheds no lustre either on the education or on the intelligence of the modern doctor."

Must we continue to stand for such public indictment? Shall we go on blindly, killing the goose that lays the golden egg?

It is up to us to decide whether we wish to regain and preserve public confidence. If we do, one thing is certain: We can never do it through legal compulsion!

The medical profession owes MEDICAL ECONOMICS a debt of gratitude it can never repay. Profound thanks are likewise due its liberal and talented editors for allowing us in the profession the opportunity to bring up and air our mistakes so that we may profit thereby, conserve our good name, and widen our scope in aiding humanity.

Alfred Pulford, M.D.  
Toledo, Ohio

## Tangible

TO THE EDITOR: It is certainly time that a comprehensive schedule of medical fees as applied in various sections was made available to all physicians.

A knowledge of average, minimum fees on the part of the general public does not, I am sure, deter them from medical and surgical attention. On the contrary, it gives many a tangible basis for making estimates that will enable them to anticipate and pay for their needs at an expected and agreeable rate.

I will look forward to receiving your compilation of average, minimum fees. This work should be of great value to all physicians.

I wish also to say that I have received MEDICAL ECONOMICS for some time now, and its worth to me in placing my activities on a business-like and paying basis is definite and great.

William R. Langford, M.D.  
Epworth, Iowa.

## Reborn

TO THE EDITOR: Congratulations on your birthday. May you have many, many more. I can not tell you what I like best, as I read from cover to cover with equal interest. I must say that you use rare editorial judgment, and the articles are all instructive and helpful in a field in which we as doctors are poorly trained.

I like the new form of Medical Economics. It is easier to file and preserve.  
Carleton R. Smith, M.D.  
Villa Grove, Illinois

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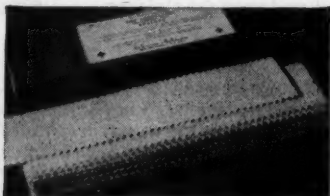
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# MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

## The Public Health League of America

**"WE'LL TRANSLATE  
TALK INTO ACTION"**

**Says E. H. Crane, M. D.**

**T**HE two articles that appeared in MEDICAL ECONOMICS, entitled "We Needed Action" (September, 1932), and "We Needed MORE Action" (May, 1933), were efforts to bring to the readers of this journal the story of the origin, development, and activities of the Public Health League of California.

This unique organization, started as a protest against certain injustices to the local profession, and originally under the name of the Physicians' Public Health League of Los Angeles County, did the job for which it was created so quickly and so thoroughly that its members decided to revamp and re-christen the league, making it a statewide project. Before long, therefore, the Physicians' Public Health League became the Public Health League of California, incorporated under the laws of the state, and with a much more extensive membership.

Whereas the first organization embraced physicians only, the new league admitted physicians,

dentists, nurses, prescription pharmacists, and their wives and husbands. Then too, any layman acceptable to the membership committee, who subscribed wholly to the principles and program of the league, was welcome to join.

Those who are interested should know that under this set-up the league has prospered. It now boasts a full time executive secretary and a monthly publication. It has spread over the entire state like wild-fire, following the inauguration of local units in the various districts.

It has the hearty endorsement and cooperation of the county and state medical, dental, nurses, hospital, and pharmaceutical organizations, as well as that of many lay groups.

It has welded these organizations and groups into a formidable activating unit. It has carried the fight into the legislature of the state, where it has done valiant service. It has justified its existence in a hundred ways.

The league is doing a work

peculiarly its own; and because of its name and unique set-up it has a freedom of entrée to editorial columns, to the forum, and to legislative gatherings, never enjoyed by any previous organization in California.

If this same program can be extended throughout the nation, as the Public Health League of America, with similar happy results, the future of modern, ethical medicine in this country will be assured. There is little doubt that if all proponents of the ethical healing art and their natural allies, including the women's auxiliaries, will get squarely behind the league as a nationwide project, they will quickly accomplish those things they have long hoped for but failed to attain.

Ordinarily, when a medical, dental, nurses, or hospital organization presumes to sponsor or oppose a proposition, Ann and John Public stand with raised eyebrows, tongue in check, fingers crossed, watching for the joker.

No such odium or suspicion will accompany the activities of the Public Health League of America. Indeed, judging from the league in California, it will prove to be the answer to the problems of desirable health legislation, proper public health education, the control of quackery, unscientific diagnosing, unethical prescribing, fraudulent advertising, and a host of other factors.

It must be made plain at this point that the Public Health League of California in no way supplants or opposes existing medical, dental, or other ethical organizations of this nature. There is no reason why the national organization should do either. On the contrary, it should tend to stimulate membership in such groups.

The major function of the league will be to weld together all the allied forces of the ethical healing art so that they may bring about those social, legal,

[Continued on page 125]

## GETTING DOWN TO BRASS TACKS...

In launching the Public Health League of America, its sponsors propose to enlist the aid of one hundred interested physicians.

The first hundred who wish to participate and who send five dollars to the Public Health League of America, E. H. Crane, M.D., Executive Chairman, Inglewood, California, will receive a certificate of charter membership and a statement indicating that they are members of the League's advisory board.

Funds received will be used exclusively for supplies, printing, postage, and organization expenses.

Each member of the advisory board will be expected to organize a local unit in accordance with the rules of the league. Then, when a sufficient number of these units has been established, a national assembly can be called and a complete plan of organization and operation adopted.

As the originator of the California league, and because of his intimate knowledge of that organization, Dr. Crane will act as executive chairman of the Public Health League of America until a national conference is called, at which time a regular election of officers is expected to take place.

# \$1 - a - Year Quarters for County Medical Societies



Every large city has its huge, out-moded mansions—built, say, thirty or forty years ago. No longer desirable as private dwellings, they nevertheless represent heavy upkeep charges. The estates, in many cases, would be only too glad to be relieved of the care and expense of these white elephants.

In some of these same large cities county medical societies occupy cramped and expensive quarters in office buildings, despite the fact that there are among the membership doctors who are friends or acquaintances of wealthy, philanthropically-inclined families and individuals having just such pieces of property as we are considering.

Properly approached on the subject, the owner or owners would probably welcome the suggestion that the property be turned over to the use of the society. Since the county medical society is a non-profit organization, an excellent reason, relating to the matter of taxes, is readily apparent why this move is economically expedient on the part of the estate.

The accompanying photograph shows the ample and comfortable quarters of the Wayne County Medical Society, at 4421 Woodward Avenue, Detroit, Michigan, turned over to the Society by the Davis family at an annual rental of one dollar.

# Don't Neglect the

**M**ANY doctors try hard—and often deliberately—to drive away their best paying patients. And they usually succeed. This seems absurd, but it is true.

A considerable proportion of those who come to physicians are neurotics: persons whose symptoms originate wholly from mental strains. This holds good for bed patients, hospital cases, and clinic patients alike.

It is probable that one half of all office patients suffer from neuroses. Yet the average physician groans at the sight of them, and tries to escape.

This is unwise—for several reasons. As a rule, neurotics are not only ambulant, and can therefore be treated with a minimum of effort and time; but they are often intelligent also, as well as socially productive and fairly well off financially.

They are able, and pathetically eager, to pay for what they so rarely receive from the regular medical profession—sympathetic understanding. Most general practitioners could make a living out of the cases they turn away or antagonize.

Faced with a neurotic patient, the average doctor seeks escape at once. He dodges the issue. He shuts his eyes to the obvious mental side of the case, and attempts to treat physical symptoms only. He talks about "hyperthyroidism" or "gastric ulcer" or "indigestion" or "colitis" or what have you.

Or, he may recognize the neurosis, and say rather irritably: "There's nothing the matter with you. Nothing but nerves."

In either case, he both loses a patient and makes an enemy. Pills won't satisfy your neurotic for long. He wants sympathy, attention—an audience.

The doctor may fall back upon another time-worn means of escape, and advise "a trip, a long vacation—forget your worries." (As if any neurotic could!)

He may ship the patient off to some sanatorium. Or, finally, he may suggest consulting a psychiatrist.... Anything to get rid of the case.

Doubtless it would be best for every neurotic to consult a competent psychiatrist; but unfortunately, there aren't enough of them; and the ordinary patient can't afford to move to some big



# Neurotics!

By E. M. POATE, M.D.

city for weeks or months, though he could easily afford to pay reasonable fees for treatment at home.

The end result of all this is, again, that the doctor loses the patient; and the poor neurotic is often driven to the cultists for help.

The neurotic patient wants, needs, and must have what is in

the power of any honest physician to give, namely: personal interest and attention. The well trained psychiatrist can handle these cases better, no doubt—if he is available. But usually he is not. Hence, every general practitioner must treat neuroses, and is treating them daily, whether he knows it or not.

If he will approach the task with tact and consideration, he can hold his patients, make friends of them, and, incidentally, make a comfortable living out of what too many others reject.

The following simple rules are not only all-important for the handling of neurotics; they are valuable in dealing with every type of patient. There is a neurotic element in every sickness. Every ill person demands sympathy, and holds a very human belief in the vital importance of his own symptoms.

The commonest and bitterest complaint of all dissatisfied patients is that the doctor is not interested in minor ailments. He won't give them his attention.

So the first rule is: *Listen*. Listen sympathetically and with interest to your patient's complaints, no matter how tedious. Don't wriggle about, or look at your watch, or fuss with papers, or make telephone calls.

When a new patient enters your consulting room, ask him: "What troubles you?" If he begins (as hypochondriacs and clinic rounders often will) by offering a pseudoscientific diagnosis, say "But where do you feel badly, and how?"

Then let the patient talk as long as he will. Let him present his complaint in full detail.

The usual course is to cut the patient short before he has fairly

[Continued on page 75]



# "Red Medicine"

**G**ENTLEMEN prefer Red. They do, that is, when the gentlemen happen to be Sir Arthur Newsholme and John A. Kingsbury, and when it's medicine they're discussing.

In their new book, *Red Medicine*,\* these authors sing a lusty hymn of praise for the socialization of health—particularly as it is found today in Soviet Russia.

"We plead no cause," the writers insist, "our only aim is to give a faithful account of what we have seen." Nevertheless, it was inevitable that these men would present their case with some degree of bias. For both of them, Sir Arthur, a retired English public health officer, and John Kingsbury, lay secretary of the Milbank Memorial Fund, were known to be out-and-out proponents of state medicine long before they made their 9,000-mile tour of the U.S.S.R. in 1932.

Not that any prejudice was intended in the preparation of *Red Medicine*. . . The probability that it crept in is explained by the perfectly human tendency to see only what one wants to see.

A similar book, written by some arch-enemy of socialized medicine, would no doubt give its readers an exactly opposite view of the subject from that supplied by Newsholme and Kingsbury.

A true appraisal of *Red Medicine* can not be undertaken without allowance being made also for

\*Doubleday, Doran (\$2.50).



John Adams Kingsbury (left) and Sir Arthur Newsholme, joint authors of "Red Medicine"

the fact that its authors were in the Soviet Union only from August 2 until September 7, 1932, and that, as they themselves admit, they "seldom stayed in a town more than two or three days." Whether they had adequate time, then, to observe and pass judgment on the whole situation is at least a question open to debate.

Still another element that may be supposed to have made *Red Medicine* an over-optimistic portrayal of Russian medical administration is found in the authors' own statement that "doubtless we were shown the best of what exists in Russia. . . Our statements are open to this accusation, which has been similarly urged against earlier volumes by foreign visitors to the U.S.S.R."

## SOCIALIZED HEALTH IN SOVIET RUSSIA

It must be admitted, then, that a certain amount of inevitable bias quite likely colored the preparation of *Red Medicine*; that the authors' stay in the U.S.S.R. lasted only slightly more than a month; and that their tour was probably so engineered by Soviet officials that what they saw was for the most part "window-dressing." At no time should these factors be lost sight of during a reading of the book.

In sketching the background against which the Russian medical system of today stands out in bold relief, Arthur Newsholme and John Kingsbury make frequent reference to the old Russia as it was in the time of the czars.

During that era, they point out, an arrogant minority, composed of the nobility and the wealthy, lived in luxury at the expense of the masses. Medical care was largely in the hands of incompetent persons, frequently clergymen.

It is true that medical and hospital services of a high standard were provided for the well-to-do in most of the large cities. But the health of the poor went virtually uncared for.

Under the Soviet rule all that has been changed: "When a Russian becomes ill, the government does something about it. In fact, the government has already done something about it, for Soviet Russia has decided that the health of the individual is the concern of society as a whole. Indeed, the Soviet Union is the one nation in the world which has undertaken to set up and operate a complete organization designed to provide

preventive and curative medical care for every man, woman, and child within its borders."

"The entire practice of medicine, having been socialized, is supervised and controlled by the public health organization in each of the seven constituent republics" that go to make up the present U.S.S.R.

"The scope of each of the seven health commissariats includes administration of preventive medicine, medical care, pharmacy, medical training, and certain health resorts."

Not all the health districts are the same size. In fact, one province which takes in the bulk of Soviet Russia proper embraces 70 per cent of the country's entire population.

What about the lot of the individual physician in Russia today? How does he function in the Soviet machine?

"An essential difference between the practice of medicine in the U.S.S.R. and in capitalist countries is that *every doctor is a state official*, and in most instances is exclusively so. A few doctors, especially older doctors, still retain some private individual practice; but their number is diminishing, and practically all the younger doctors are exclusively officials of the state.

"Each state doctor is expected to work six or six and one half hours each working day for the state. Every fifth day he has complete cessation from work. If he is a specialist he may have only a four-hour day. Like every worker, he has at least two weeks' holiday annually."

Nowhere else on the face of the



globe, according to *Red Medicine*, has the family doctor been thrust into so total an eclipse as he has in Russia.

No less an authority than the Soviet's foremost health commissar, Mikhail Vladimirsky, makes the statement that "90 per cent of Russian physicians work in state institutions, and do not practice medicine privately."

There are two basic reasons for this: First of all, free treatment can be secured by the people only at state-operated dispensaries and hospitals. Hence, it is there that they go as a rule, seeing no reason to pay a private doctor for what they can get gratis.

In the second place, the ordinary Russian doctor today works at least four, five, or six hours a day for the state. Scant time is left over for private practice.

As a Soviet health commissar, Dr. Kuchaidzr, has observed, "patients desiring to do so can resort to private doctors, but they must pay them out of their own personal funds."

"Medical salaries," say Messrs. Newsholme and Kingsbury, "are paid by the government, being graduated according to work and duration of service... The physician receives a salary which is about two and a half times that of the nurse; but is less than that of a professional engineer, and not much above that of a teacher."

Sometimes it happens, of course, that "special salaries are given to exceptional men." But this is not the rule.

Before the Revolution, there were about 26,000 doctors in Russia. By 1931 the number had climbed to 76,000.

Despite this increase, the authors quote Dr. Vladimirsky as saying that Russia is still short some 20,000 medical men, as compared with the quota of the Five Year Plan; but that by 1937 the

Soviet Government plans to "liquidate" this deficiency. "As an ideal, there should be one doctor to every 1,000 population."

Rapidly as the Soviet's medical population is growing, the "quality is not increasing so fast as the quantity," one observer is said to have remarked.

"All the doctors are overworked. To avoid hasty work, the number of patients a doctor may see at the dispensary is limited to six an hour."

But even this attempt to give each patient more time is but a slight step in the right direction; for it can readily be seen that six patients per hour means ten minutes devoted to each one. And this is only half the time the patient in the United States ordinarily receives [length of average office call: 20 minutes; see MEDICAL ECONOMICS survey, page 23, September, 1933 issue].

"Next in significance to the fact that every doctor in Soviet Russia is a state official, is a further exceptionally developed feature of Soviet medicine, namely: the *concentration of medical practice in dispensaries, polyclinics, and hospitals.*"

Anticipating the objection that Soviet medicine, so thoroughly institutionalized, lacks the human touch of private practice, the authors of *Red Medicine* remark: "We saw no evidence of this, and do not regard it as a necessary consequence of officially organized medical practice. Furthermore, if one has to choose between the unaided sympathetic family doctor of average skill and the Russian system of a chain of dispensaries, polyclinics, hospitals, and sanatoria, when well run, the latter is preferable for a large proportion of total cases."

So far has the institutionalizing of Soviet medicine progressed that today house calls "are almost entirely limited to emergencies and restricted to patients who

[Continued on page 63]



# I Prescribe Propaganda

By HOWARD W. HAGGARD, M.D.

**C**AUGHT between the jaws of a giant vise, the practicing physician today feels the pressure of two crushing forces: socialized medicine from above, charlatanism from below.

As yet the pressure is not overwhelming, merely painful. But it is being increased steadily.

Surely if the medical man has taken the stethoscope out of his ears, removed his eye from the microscope, and listened and looked, he can not fail to have noted this.

Will he allow himself to be thus crushed?

The situation demands that he join with his fellow physicians, dig down into his own pocket (even though it is less full today than it has been in years past) and contribute toward some real propaganda in his own interests.

The medical profession *must* become a *advertising-minded*. Through its constituent groups it can employ publicity both ethically and effectively.

The notion of rugged individualism which we have heard so much about in recent months may easily be shown to have been our snare and our delusion. As a profession we have been extremely chary of using propaganda in our own cause—with none too desirable results.

Maintaining our precious individualism, we have drifted along with the current. Unfortunately for the medical profession, the direction of the current has been determined by those outside groups which regularly and consistently use propaganda.

I am convinced that it is utterly futile for the doctor to struggle against the current of public opinion. His one hope lies in

*changing the direction of the current.* And the only way the direction of the current can be changed is through propaganda in the interests of the medical profession.

Propaganda is an instrument that shapes public opinion, formless of itself. Propaganda is not inherently good or bad. It all depends upon the cause to which it is applied.

There is no denying the power, past and present, of propaganda. Propaganda has brought into being every united effort of a people. Propaganda implants ideas in the minds of the masses, dictating to them not only their general beliefs but their behavior to the smallest detail. What people like or dislike, what they eat or wear, is determined largely by propaganda.

The International Red Cross arose from the propaganda of Henri Dunant. We entered the World War on propaganda. President Roosevelt was elected on propaganda. [Turn the page]



The old theory of the beaten path to the best mouse trap and the best sermon was merely a sop thrown out to men too lazy and too indifferent to go out among their fellowmen and give propaganda to their efforts.

When Mr. Roosevelt ran for President he did not say to himself "I am the better man to guide the nation's affairs. The public being an intelligent, discerning, local group of people will see that I am the better man. All I need do is sit and wait, and the election will be put in my lap." Most emphatically he did not.

Intensive propaganda was carried out, and carried out frankly with funds raised for that purpose—the express intention being to implant in the minds of the American people the belief that Roosevelt was the better man. Now that he is elected we do not look at him askance because he used propaganda. It did not lessen his dignity.

When a group of men are interested in a pursuit and do not use propaganda to impart their idea to the public, when they do not attempt to shape public opinion to bring themselves into a favorable light or to further their own interests, then that group of men must of necessity be behind the times or indifferent and lazy. Or else they believe that they and their ideas will not benefit the public.

If such men are faced by propaganda from opposing forces and do not in turn present their own case with their own propaganda, they will most surely lose out. The world will beat no path to their door to buy their mouse traps, to hear their sermons, or to use their medicines. Instead, even that which they have will be taken from them; and they themselves will be used and exploited by those who employ propaganda.

Now let us leave this subject of propaganda for a moment and

go back even further into history than I have reached so far. Twenty-three hundred years ago the pagan priest stood in a temple, a temple on a hillside overlooking the blue Mediterranean. He waited for men to come to him. If and when they came, he ministered to them.

He ministered either to their spiritual or to their physical ills, depending upon their needs. And when he had performed his duties he was paid for his services, if at all, with a votive offering—a gesture of charity.

Then one such priest, a man whom we all revere as the father of medicine, Hippocrates, although born and bred and trained in the temple cult, broke from it. He separated medicine from religion. But since no man can wholly escape his origin, Hippocrates took for medicine the code of ethics which had been the code of the pagan priests.

An inseparable bond persisted between religion and medicine. In the ethics of both is the implication that no man shall put his own importance ahead of the importance of his calling. In short, no man in either field shall exploit himself.

However, nowhere by command or implication is there a word that prohibits either the preacher or the doctor from exploiting his calling as he practices it. Furthermore, and here is a peculiar fact, the men of medicine who separated from religion have been more conservative in their interpretation of ethics than have the men who followed religion itself.

Physicians have never employed wide and intensive propaganda to impart to the public the idea that the private physician was the nucleus of medical practice, a man to be deferred to, a man to be followed and treated as a leader. Religion has used propaganda, often cruel, as in the Inquisition, some-

[Continued on page 117]

# That "Tugwell Bill"

By ALFRED T. FALK

Every physician owes to himself a thorough understanding of the purposes and intents of the so-called "Tugwell Bill" and the criticisms directed against it.

Out of the welter of material that has appeared on the subject (so much, in fact, as to confuse the issues), the following resume by Mr. Falk, Director of Research and Education of the Advertising Federation of America, seems most sanely gauged and lacking in personal prejudice.

Because of every physician's interest in the protection of the health of his patients, because any legislation toward that end cannot be administered without advice and counsel from the medical profession, and because such legislation must affect either favorably or adversely the practice of individual physicians, MEDICAL ECONOMICS urges a careful study of this resume by every reader.

**T**HE implications of the Tugwell Bill (also known as S. 1944, or the Copeland Bill) are a matter of vital concern to everyone, regardless of how much or how little he may be directly interested in the food, drug, and cosmetic industries.

In addition to preventing the manufacture and sale of harmful products, this proposed law would charge the federal government

with the duty of strictly regulating advertising practices in the selling of food, drugs, and cosmetics.

This may be desirable, but it is essential that the regulation be intelligent and constructive. There is a double reason for guarding against impractical or unwise provisions in this particular bill, for it may well become a precedent. It is altogether con-

Secretary  
Wallace,  
Senator  
Copeland,  
and Profes-  
sor Tugwell  
at the hear-  
ing of the  
Food and  
Drug Bill.



ceivable that the principles of governmental control of advertising as established in a law relating to food, drugs, and cosmetics might be extended by additional legislation to apply to traffic in all other commodities and services.

A beginning was made with the new securities act, giving the federal government supervision over financial advertising. Now comes the Tugwell Bill to regulate advertising of food, drugs, and cosmetics. Next we may be faced with legislation designed to protect consumers against harmful advertising in all other lines.

Granting that it is desirable to pass laws protecting the public from being misled by advertising which helps to sell shady securities, fake remedies, and unworthy products of any nature, it is nevertheless necessary to examine carefully the methods and means by which it is proposed to extend this protection to the public.

Even a cursory reading of this Tugwell Bill reveals some glaring defects; and critical analysis brings to light many more. In fact, there are so many bad features in the bill that if it were enacted into law without modification, its harmful effects would undoubtedly outweigh the good.

There has been a good deal of calm, intelligent criticism of the details embodied in this proposed piece of legislation, but there has also been some hotheaded condemnation with even less sense than was shown by those who framed the bill.

Among the most radical proponents and opponents of the bill, we find two extreme points of view.

On the one hand are those who have tried to formulate provisions which will make it possible to catch every single scoundrel, but without giving adequate protection to the honest manufacturers of worthy products.

On the other hand we have

those who see only the danger to legitimate business and do not give adequate consideration to the necessity for increased protection to the public.

Between these two groups the argument is not constructive. The one wants the bill to be pushed through Congress without change because it will punish the villains. The other wants to kill the bill entirely because it would penalize honest men.

There should be a way to salvage what is good in both points of view. The wise thing to do is to pass a bill which will accomplish the stated objectives and yet permit industry to go on producing legitimate products and selling them by honest methods.

Certainly there can be no quarrel with the objectives of the bill as stated in its title: "To prevent the manufacture, shipment, and sale of adulterated or misbranded food, drugs, and cosmetics and to regulate traffic therein; to prevent the false advertisement of food, drugs, and cosmetics, and for other purposes."

Some of the opponents of this measure start by objecting to the last clause in the title, "and for other purposes." This borders on quibbling; the same phrase is to be found in the stated purposes of many other laws and has no great importance except to prevent the voiding of some provision in the law which might not be found to be literally covered in the title.

But there are really bad passages in the measure as it is now framed, some of which constitute a serious threat to the industries involved and, indeed, to our entire philosophy of government. These must be rectified, and advertising men cannot afford to stand as inactive spectators while the subject is being argued.

In the first open hearings which were held in Washington on De-

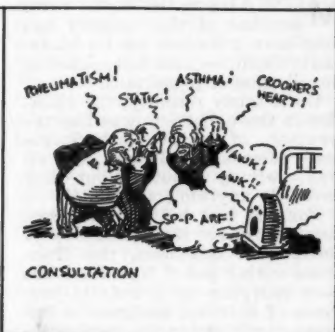
[Continued on page 71]

# Station M. D.

News item: "Dr. Crile announces that, in the future, doctors will diagnose by tuning in on radiations of the human body."



EMERGENCY CALL



CONSULTATION



FAN



BROADCASTING SYMPTOMS



OFFICE HOURS



ANNOUNCER

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# For Better

**M**EDICAL practice in the rural sections of this country has long been criticized for its inadequate facilities and helter-skelter distribution of physicians.

Until fairly recently, the situation in these districts was like the weather, of which Mark Twain once remarked: "People are always *talking* about it, but they never *do* anything about it!"

For the last half-dozen years, however, under the presidency of Edward S. Harkness, the Commonwealth Fund of New York has been carrying on a definite program of activity, designed to improve conditions in the rural practice of medicine, and, as an invaluable concomitant, to make country practice increasingly attractive to the young doctor.

Investigation during recent years has shown that the average age of the country doctor is well above that of the city physician. As these men in the rural sections gradually drop out of practice, moreover, there are frequently no qualified young M.D.'s on hand to fill the vacancies.

Thus it can be seen that the need for more country doctors is a real one, indeed. How, then, to encourage young men to enter this field?

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The Commonwealth Fund has answered this problem in its own way: (1) by establishing well-equipped hospitals with diagnostic laboratories, convenient X-ray facilities, and good nursing care, as a means of making rural practice more attractive to young physicians; (2) by contributing toward the postgraduate medical education of selected young physicians, with the understanding that these men will enter rural practice at the end of their training.



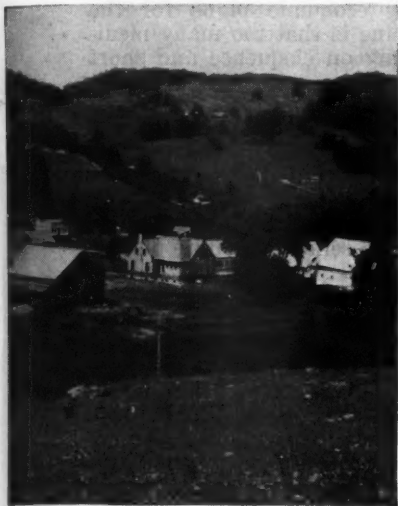
By 1950 there will be one physician to every 750 persons in the United States, Dean W. C. Rappleye of Columbia University's College of Physicians and Surgeons has prophesied.

Too many doctors in 1950? Even now in the year 1934 there seem to be too many. However, it may be not so much a matter of there being too many doctors as of their faulty distribution.

Taking up first the plan of establishing hospitals as an inducement to young doctors, it is interesting to observe what results have already been achieved.

In the six communities where such hospitals have been built, the Fund has found out that, de-

# Rural Practice



The tendency is for young physicians to congregate in the cities, there to struggle for a foothold in practice. And yet there are many rural communities badly in need of doctors.

Why this situation exists, what is being done to improve rural health, and how the rural field is being made more attractive for the young doctor, are explained in this article.

spite the various personal reasons which usually influence the choice of a place to practice, here in these districts, at least, the presence of the hospitals has been the deciding factor.

Five young physicians, for example, have opened offices in

Farmville, Virginia, since the hospital there was projected. Other men have likewise hung out their shingles in Beloit, Wisconsin; Wauseon, Ohio; Glasgow, Kentucky; and other communities where similar institutions have been established.

Turning now to the activities of the Commonwealth Fund in subsidizing postgraduate work for rural doctors, we find that the following progress has been made:

Leaders in American medicine have brought sound procedures and fresh technics to the attention of rural physicians in 36 clinical institutes.

Forty-five doctors from small towns have been sent to medical centers of the first rank for postgraduate study.

Thirty-two picked undergraduates in medical schools have been given scholarships to prepare themselves for rural practice. Three medical schools serving rural clientele have been enabled to teach preventive medicine more productively.

But let us look more closely at this program of postgraduate education.

One of the chief handicaps to the practice of medicine in the country is the sense of isolation which the rural physician is likely to feel. If he is alone in his village, he has no one to whom he can turn easily for helpful discussion of a knotty case. If he is one of two or three doctors, he hesitates to lay his problems before a competitor. Good general hospitals are few.

It is not easy to make the break and get away for study. One plods along.

Before the motor car and good roads made it easy to get about,

[Continued on page 129]



# Translating Talk

ONE of the chief difficulties encountered in developing economic plans for the practice of medicine is that too many medical groups are long on eloquence and short on action.

Recently I sat in upon a professional conference which lasted from 9:30 A.M. until 6:30 P.M., with a luncheon recess. At the beginning of the meeting, the purpose for which it had been called was clearly outlined by the chairman. Following his introduction, a competent man presented a definite plan of action.

The desired end could have been accomplished within an hour, but so great was the desire of certain members of the group to exercise their vocal chords, with no particular attention being given to cerebration, that it was not until 6 o'clock in the evening that the plan first presented was adopted. And at that, scarcely a comma in the original was changed.

Fortunately, some medical groups are overcoming this devitalizing tendency, and are displaying a remarkable ability to think clearly and act quickly.

An outstanding example of such thinking and action was recently furnished by the Medical Society of New Jersey in cooperating with the Emergency Relief Administration of the state.

While this plan was completely described in the November issue of MEDICAL ECONOMICS, I wish to review it briefly for no other purpose than to emphasize the example it sets.

According to its provisions, the family physician functions among his own clientele. He receives from one half to two thirds of his ordinary fees, and he is paid only for cases treated in his office or at the home of the patient. The result is that new clinics are not likely to be established, and hospital and clinic care will not be given except when



# Into Action

special diagnostic aids and treatment are necessary. Physicians will not be reimbursed for work in clinics, nor will hospitals be paid clinic admission charges.

Under the Medical Relief Committee of the New Jersey State Society, subcommittees of similar name are established in each county. They are working in cooperation with the County Relief Administration in each instance, but are under the direct control of the Relief Committee.

The arrangement with the Emergency Relief Administration specifies that "while the maximum fees of \$1 for an office call, \$2 for a house visit, and \$25 for an obstetrical case have been agreed upon, the rate for your individual county shall be based upon a proportion of from one half to two thirds of the prevailing average fees in your county."

The State Medical Society has stressed the desirability of caring for patients in their own homes, a feature which is to be commended. The New Jersey plan is now functioning to the satisfaction of patients and physicians, and these medical practitioners of New Jersey have presented such an admirable set-up and have proceeded at such a rapid pace that the various state and county societies, which are planning to work in conjunction with the Relief Administration, will find it necessary to step on the gas.

This is one more example of what a big job doctors are able to perform when they go at it in a common-sense, business-like way. It is another proof that the problems which beset the medical profession today can be solved by the members of the body medical if, resenting outside interference, they will exercise their grey matter and their ability to act.

If we want anything in this world we must go after it ourselves.

*H Sheridan Oskatel*



# Your Office Reflects

**A** DOCTOR'S office is not exactly an inert affair. Or if it is, it doesn't have to be.

In the eyes of your patients it may seem actually alive, human, vibrant—provided *you* give it the chance.

Without any question, it's worth it, too. For your office is a direct reflection of yourself. As your patients see it, so they see and judge you.

Not every physician realizes the economic value of an attractive, properly equipped office. But those on whom his practice depends are aware of it. Very much so.

Suppose we give some thought, then, to the arrangement of a few of the more familiar types of medical offices.

In this discussion we shall consider only the necessities of average practice, both in space and equipment, assuming that all operating, X-ray, and laboratory work is to be done at the local hospital. Therefore, the instruments, furniture, and appliances for these specialized purposes will be omitted.

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The most obvious place to begin is with the examining or treatment room of the general practitioner. The equipment needs here are comparatively limited, consisting mainly of the following: a desk, record card file, swivel chair, patient's chair, examining table, footstool, irrigator stand, scales, lamp, sterilizer, instru-



# YOU

ment and supply cabinet, waste receptacle, and operator's stool. These comprise the essential furnishings.

For diagnostic purposes, a stethoscope, blood-pressure apparatus, reflex hammer and thermometer are necessary. Instruments required are those used in the conduct of superficial ear, nose, throat, rectal, and vaginal examinations—with a few for minor surgery and dressing purposes.

When there are added to these the usual materials and preparations for dressings, together with a limited number of enamel and glassware items, the field of necessities will have been covered. Whatever is added to or taken from this list represents indi-

## By OSCAR COCHRANE

vidual preference or the necessities arising from specialized work.

Climatic and the surrounding occupational conditions will also have some bearing on the needs of an office, but the inventory given is representative of the average requirements of any man engaged in general practice.

In the treatment room, as well as in the reception room, we have the question of hard usage with which to deal. Hence, it is folly to give too much consideration to a low initial cost, since cheap prices almost invariably mean poor merchandise, and poor merchandise is both short-lived and inefficient.

Fundamentally, the practice of medicine does not vary greatly with the years; and these items of a basic nature should be purchased with the idea of obtaining from them at least several decades of service. It is, therefore, only simple wisdom to buy them from firms who will be at the other end of the telephone when you call up subsequently for service, replacement, or information.

With regard to the type of equipment for any private practice, regardless of its nature, there is, in the author's opinion, a justifiable trend toward wooden construction for many items. These include examination tables, cabinets, chairs, waste receptacles, and stands.

There is now available a wide variety of excellent models, finished in mahogany, walnut, or fumed oak. These are both attractive and substantial in design and free from ornateness. They give an air of well-being to the office, are not objectionable from the patient's point of view, and are less noisy of manipulation and much more modern.

Based on a regular charge purchase an office outfitted with the necessities suggested above, can be equipped completely with the

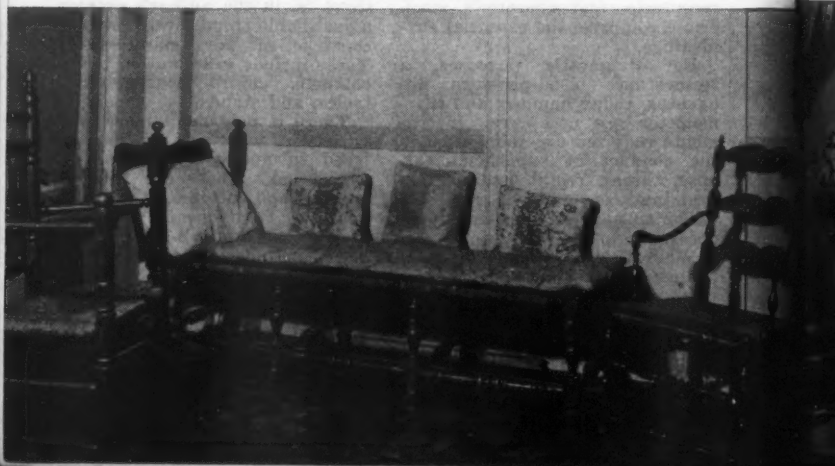


products of a reliable firm, in either steel or wood, for about \$400. If the deferred payment plan is used, this cost will be increased by approximately ten per cent. Cash in hand and careful shopping, on the other hand, may reduce it by about the same amount.

If the cost runs decidedly higher than the limit given, the buyer

is likely to be paying for more than he is getting. If it runs much below this figure, he will find a shortage somewhere, usual-

**Note the consistent good taste apparent in the secretary's office, rest room, treatment room, and private office shown on these two pages.**





ly in quality. Of course, if a diathermy machine, an ultra-violet lamp, a cautery, or a microscope seem necessary or desirable, this estimate must be raised accordingly.

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Let us now consider the layout and furnishings of a model physician's office. The one selected happens to be used by an eye, ear, nose, and throat special-

ist; but it is adaptable to any type of practice, and represents, in the author's opinion, an ideal arrangement for a professional office. Particular stress is placed in the division of the offices, and the flexibility of such an arrangement in meeting the needs of practice.

As will be seen from the plan on the opposite page, the suite of

*[Continued on page 81]*



# Medicine's Stepchild

By JACQUES W. MALINIAK, M.D.

President, the Society of Plastic  
and Reconstructive Surgery

Due to the popular conception that cosmeticians, "beauty doctors," and plastic surgeons are all in the same category, ethical specialists in this field have had to organize in their own interests and wage a persistent battle for proper recognition.

As one of the most vigorous proponents of scientific reconstructive surgery, Dr. Maliniak was requested to describe the methods employed and the progress being made by his colleagues. This he does in the following article.

**A** NEW medical specialty is almost invariably a delicate infant, exposed to a hostile environment without the nutritive and protective forces that sustain its older brothers.

One has only to review the history of psychiatry, urology, and physical therapy—to cite only a few of the most recent—to see that these offshoots from the parent stem of medicine achieved their present sturdiness only after a long and sometimes bitter fight against adverse elements.

In the case of plastic surgery, the struggle for survival is heightened by certain social and psychic considerations peculiar to this specialty.

To an amazing extent, the Puritan tradition persists in medicine. In spite of the fact that physical attractiveness is an undeniable social and economic asset, in spite of daily proof as to the lengths to which people will go to improve their appearance, many physicians persist in dismissing requests for plastic repair, where there is no accompanying physiologic disturbance, as trivial and unworthy. When

deformity results from injury or disease, of course, the desirability of correction is recognized by even the most conservative.

The attitude of the profession toward cosmetic reconstruction ignores a basic phase of human nature, especially female nature.

The competition of modern life is intense and ruthless. To the eternal social value of physical charm is now added a distinct economic element.

The efficient blue-stocking of yesteryear sees herself relegated to the background by some one easier on the eyes. The able and experienced secretary who lost her job at the beginning of the depression finds it impossible to secure a new position, although recovery is in the air, because she looks too old.

To women of this type a youthful, pleasing appearance is an economic as well as social necessity. If nature has been remiss, they are going to supply her deficiencies.

The physician who dismisses patients of this sort with the cautious admonition to let well

*[Continued on page 138]*



ULYSSES S. GRANT—18th PRESIDENT OF THE UNITED STATES

*Since Grant was President  
there has been but One Genuine*

**Maltine**  
Reg. U. S. Pat. Off.

IN 1875, during the administration of President Grant, The Maltine Company was established for the purpose of developing malt preparations for medicinal use. Since the introduction of Maltine With Cod Liver Oil, many important developments in this field have been contributed by this company.

The high regard in which Maltine products are held by the medical fraternity has resulted in the unintentional use of the name "MALTINE" in its generic sense, with the result that inferior preparations have been offered to consumers as "Maltine-type" or "the same as Maltine." As the name Maltine is the exclusive and registered property of The Maltine Company and can be used only on products manufactured by this company, patients can be protected against substitution by prescription

designating by name the particular Maltine product indicated.

One of the Maltine products imitated is Maltine With Cod Liver Oil. This "Council Accepted" product is the only one of its type in which the vitamins A, B, D and G content is *guaranteed*. It is composed of 70% Maltine, a concentrated fluid extract of the nourishing elements of malted barley, wheat and oats (excellent sources of vitamins B and G), and 30% vitamin-tested cod liver oil of high potency in vitamins A and D. Administered with orange or tomato juice, the fifth vitamin, C, is added. Maltine With Cod Liver Oil is standardized. Biological report sent to physicians on request. Address The Maltine Company, 30 Vesey Street, New York, N. Y.

*This Trade-mark Identifies the Only Genuine*

Member NRA  
We do our part

**Maltine**  
Reg. U. S. Pat. Off.

**WITH COD LIVER OIL—Introduced in 1875**





# Salvaging Fees—but Keeping

**"WE'RE DOING IT; SO CAN YOU," SAYS THE  
MANAGER OF THIS COLLECTION BUREAU  
OWNED AND OPERATED BY DOCTORS**

**J**OHN Doe arrives at your office one day requesting medical service.

It so happens that you have never seen John Doe before in your life, and, unless you consider yourself an angel of mercy rather than a business man who happens to be in the practice of medicine, you will naturally wonder whether or not, having rendered services to John Doe, you are ever going to be able to realize on them.

How are you to find out?

You don't care to question John Doe directly as to his ability and intentions of paying. And yet you certainly want to know.

Shall you call the retail credit bureau? And if you do, will the information there obtained do you any good? Personally, I doubt it. John Doe's commercial rating on mercantile accounts is, unfortunately, no true index to his habits or intentions of paying his doctor's bills.

•

On a recent visit to the Akron Medical Bureau I saw listed over 14,000 undesirable medical accounts, the accumulation of one year's time—people owing anywhere from three to fifteen physicians and dentists without voluntarily making any effort to pay them. Yet there is no doubt in my mind that any number of these delinquent medical accounts would be found well rated, in fact rated as good-pay, in the downtown stores.

If it so happens that you live in Toledo or in Akron or Memphis, or in Milwaukee or Des Moines, or in any one of the number of other cities where medical business bureaus have been established, your problem is a simple one, provided you are a member of the business bureau.

All you have to do is to put in a telephone call to the bureau, and you are immediately furnished all necessary information. You find, let us say, that John Doe has bad accounts with three doctors and two hospitals already. If you care to go ahead and render service to John Doe, you do so with your eyes open and on your own responsibility. But, from the credit man's point of view, John Doe is in a poor position to incur new financial obligations to another doctor.

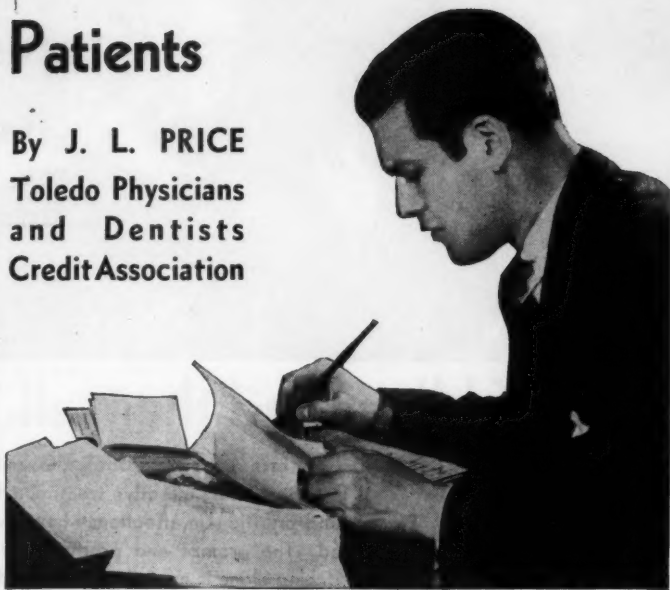
The professional man's book accounts lose value with age and deteriorate faster than perhaps any other type of account. One reason why medical services are somewhat harder to collect for than other accounts is the fact that after the patient is cured to a certain extent he loses his desire to pay.

Furthermore, the doctor does not leave behind him any material reminder of the debt, such as an automobile or furniture. True, there is in many a family an ever-present reminder which seems not to remind—anywhere from four to half a dozen children, not one of them paid for, so far as the doctor is concerned.



# Patients

By J. L. PRICE  
Toledo Physicians  
and Dentists  
Credit Association



Obtaining his own credit information and then later on attempting to do his own collecting on slow accounts is hardly the proper way for the doctor to go about it. At least individual efforts do not seem to produce any highly desirable results. Neither is the commercial credit and collection bureau the way out of the doctor's problem. We believe it is found in the medical society's own business bureau.

•

The medical credit and collection bureau is best located in the county society's own building, if it has one. Unless the third party invoked for the purpose of collecting his accounts is officially connected with the Academy of Medicine, the physician risks the loss of the personal relationship that has existed between him and his patient. Commercial collection agencies, by and

large, are far too persistent and heartless in their methods.

In the business bureau which he and his colleagues control, the doctor has the satisfaction of knowing that his accounts will be serviced in a manner dignified and considerate, and yet at the same time effective. Business bureaus under the control of the society and housed in the society's own quarters should pay for their space on a percentage-of-gross-collections basis. Since the county societies are corporations not for profit, this monthly or annual sum is not strictly constructed as rent, but as a kind of contribution to the society's general fund.

And what are the rates charged for collection service, usually? To begin with, at the present time at least, the Toledo Physicians and Dentists Credit Association assesses no membership fee. The rates of commissions charged, which seem to be highly satis-



"...And I've tried them all."

A Dependable  
Treatment For  
PRURITIS  
ATHLETE'S FOOT  
JIGGER AND MOS-  
QUITO BITES  
VARICOSE ULCER  
SIMPLE ACNE  
ECZEMA  
POISON IVY  
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ITCH

"YOU can take it from me, Doctor, Calmitol is the finest, most effective treatment for Pruritus and pruritic skin affections I have ever prescribed. The prompt and positive way it relieves itching alone is enough to commend it as a routine treatment in these cases, for I always consider my patients' comfort first. Furthermore, I've found its action almost specific in many cases of Eczema, Simple Acne, Athlete's Foot and Poison Ivy that I've treated—far ahead of anything else I've ever used."

*Calmitol*

THE DEPENDABLE  
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101 West 31st Street, New York, N. Y.

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Please send me a sample of CALMITOL.

..... M.D.  
.....

factory to all our participating members, average about  $7\frac{1}{2}$  per cent lower than prevailing commercial rates, and are as follows:

|   |         |
|---|---------|
| Accounts under \$10                                 |         |
| (a) Less than one year of age                       | 27½%    |
| (b) More than year of age                           | 35%     |
| Accounts over \$10                                  |         |
| Less than two years of age                          | 25%     |
| Accounts less than six months of age                |         |
| (a) Under \$10                                      | 25%     |
| (b) Over \$10                                       | 20%     |
| Accounts over two years of age                      | 35%     |
| Accounts over \$250 handled by special arrangement. |         |
| Traced accounts                                     | 37½%    |
| Forwarded accounts                                  |         |
| 1/3 to forwarding agency                            |         |
| 2/3 to agency making collection                     | 50%     |
| Out-of-town accounts                                |         |
| (a) Accounts under \$10                             | 50%     |
| (b) Accounts over \$10                              | 33 1/3% |
| Locate division                                     |         |
| (a) New address office files                        | \$ .75  |
| (b) Locates demanding special investigation         | \$1.50  |

In a comparison of the medical society's business bureau with usual commercial agencies, the economy of the service is the least important factor. Even if it were more expensive to the individual member of the county society to have his accounts serviced by his own bureau, it would nevertheless be much more desirable than to use the other type of service.

In the first place, the efforts of the average commercial agency are entirely too dispersed for them to be able to specialize in medical accounts. They can not possibly undertake to handle the doctor's accounts in the highly personalized manner in which

bureaus such as ours are prepared to cooperate with him.

Suppose, for example, that a doctor has on his books certain delinquent accounts of people with whom he is especially desirous of avoiding offense or alienation. He has only to make a special request in the matter and the association will handle the case as a *personal* account, sending out its letters on the doctor's own stationery and making all phone calls and personal visits as the doctor's personal representative. The name of the third party, the association, is kept strictly out of the picture.

As a rule these personal accounts are unusually live, being from ninety days to six months old. Therefore the association is glad to take them at a lower-than-average commission, say at 15 per cent to  $22\frac{1}{2}$  per cent. Results secured on them have been so satisfactory that we have a number of doctors who have adopted the rule of turning over to us all accounts running to six months, at a flat rate of  $22\frac{1}{2}$  per cent for collection.

Another example of the individual service found in our type of bureau which would not be found in the commercial one is that in case the patient has accounts with a number of our members, we urge him to make his payments as large as possible, and then we apportion this sum to the various accounts, according to the amount due each individual doctor.

How long should a doctor wait before concluding that an account is due to be turned over to a collection agency? In this office we consistently advise our members that six to eight months' grace is quite sufficient, in the absence of any reasonable explanation of why payment has not been forthcoming. As a matter of fact, any such bureau as ours, to be reasonably efficient, must have the cooperation of the doctors in turn-

[Continued on page 93]

# METHYLENE BLUE

## *Saves Lives!*



**R**APID recognition of the Rorer Methylene Blue ampul as a life-saving necessity followed its introduction last February. Over 10,000 physicians are already equipped to defeat *Carbon Monoxide and Cyanide poisoning* with this only-known effective antidote.

When the emergency comes to you, will you be ready as they are, with the correct sterile injection that will *save a life?*

Repeated proof of Methylene Blue's effectiveness has piled up in a few short months. **CARRY METHYLENE BLUE.** See that your hospital is equipped. There is *no other way of saving acute cases!* Order today.

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I enclose ..... for which please send me ..... correct sterile ampuls of Methylene Blue solution, individually packed and ready to use (\$1 each, 6 ampuls for \$5.70 postpaid).

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Send me, without charge or obligation, one box of six RORER VIANIN Suppositories for clinical trial, together with complete literature.

Dr. ....

Address .....

City..... State.....

Dealer.....

# WILLIAM H. RORER INC.

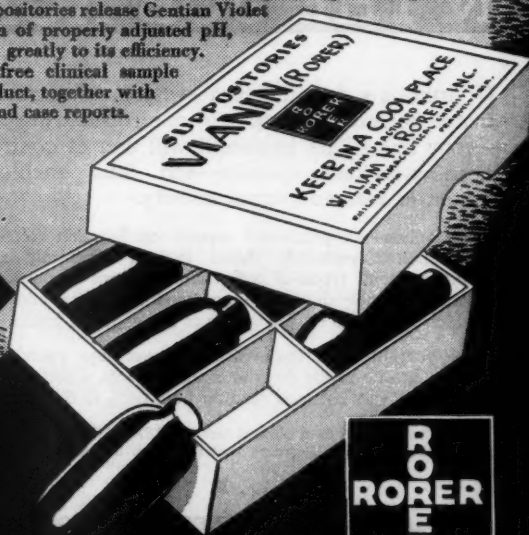
# RORER'S VIANIN *Vaginal Suppositories*

*New!*  
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The New Treatment for  
**CONGESTIVE LEUCORRHEA OF PREGNANCY**  
**LEUCORRHEA DUE TO THRUSH ORGANISM**  
(In children, and in Senile Vaginitis)  
**NON-SPECIFIC VAGINITIS**  
**CHRONIC CERVICITIS & EROSION OF THE CERVIX**

Vianin Suppositories constitute adequate and efficient treatment for these discharge-producing conditions. Patients appreciate their convenience and their quick results.

Vianin Suppositories are made of a special non-irritating substance—a research product—combined with the powerful germicide Gentian Violet. Gentian Violet is a specific against the thrush organism, gram-positive organisms (which are the cause of nearly all non-gonorrheal discharges) and an inhibitor of gram-negative organisms. Vianin Suppositories release Gentian Violet in a solution of properly adjusted pH, which adds greatly to its efficiency. Send for a free clinical sample of this product, together with literature and case reports.



**RORER**

Philadelphia Pa. ESTABLISHED 1910



## ON THE JOB AGAIN

**I**N arthritis and rheumatism—where swelling and loss of motion are the symptoms which disable the patient—your immediate treatment will aim at controlling these symptoms quickly—and thus enable the patient to resume normal activity.

The volume of published reports on Farastan (Mono-Iodo-Cinchophen Compound) shows that it effectively relieves symptoms in all types of arthritis, the quick response being apparently largely due to the increased metabolism and the way in which it helps to rid the system of accumulated toxins.

The percentage is impressive—in over five years' clinical observation of arthritic and rheumatic patients, a series of favorable results was obtained ranging from 64% to 80%.

If you have not made a clinical test of FARASTAN write for a supply of 48 capsules, each  $3\frac{3}{4}$  grains, and reprint of the published work.

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**THE LABORATORIES OF THE FARASTAN COMPANY**  
137 South 11th Street      Philadelphia, Pa.

# Let's Shift the Emphasis in Medicine!

... FROM CURE TO PREVENTION

By Iago Galdston, M.D.

**W**ITH smallpox, cholera, bubonic plague, typhoid, malaria, diphtheria, and a host of other conditions brought under control, the mortality and morbidity picture of the world has undergone a remarkable change in the last century.

Today it is no longer the plague diseases but the degenerative diseases and heart disease, the pneumonias, cancer, tuberculosis, and kidney diseases—which top the list of causes of death. On the morbidity side we find prominent diseases of functional disability, the diseases of wear and tear, not the least among them the diseases which affect the psychologic side of man.

We cannot avoid the conclusion that the practice of preventive medicine by the private practitioner has now become an historical necessity. Those diseases which might be eradicated or controlled by the discoveries of individual genius, by the legislation of enlightened government, or by improved economic conditions have already largely been so affected.

We cannot expect a Jenner to provide an effective vaccine for every pathologic entity. Not every disease condition can be met by the type of legislation which has proved so effective against smallpox.

Nor will every disease yield to better housing, better workshop

sanitation, or better food, clothing, and recreation. Enlightened government cannot regulate effectively the personal habits of the people—witness the failure of the Prohibition Law. Nor may we ever hope for a vaccine effective against the various psychoses.

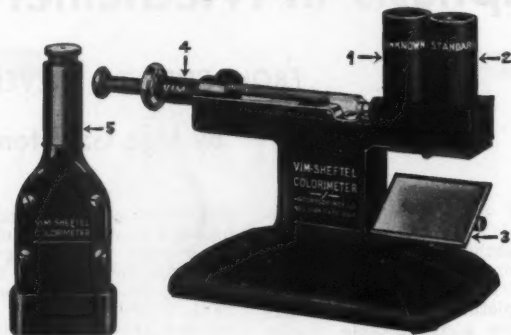
Today's most prominent diseases must be attacked by means distinctly different from those which overcame the plague diseases. These new means are in the nature of personal preventive medicine, and fall largely within the compass of the private practitioner. If the public and individual health is to continue to improve, we must somehow bring about a fundamental change in the relation of private practitioners to their patients. It must be definitely broadened.

They must become, literally, guardians of the public health. They must cease being emergency men only, mere treaters of pathology. They must consider themselves, and must come to be so considered, primarily as preservers rather than as repairers of the human machine.

They must become educators. It is their obligation to aid the individual from the time of his conception on. They must apply to him all that is known on the specific prevention of disease and the general improvement of well-being, to the end that he may achieve all that he is capable of in



## Now You Can Make Your Own Blood Tests Quickly, Accurately, Easily



**This is the New VIM-Sheftel Colorimeter which reduces standard Blood Tests to a simple procedure. Mail the coupon below for literature.**

With the perfection of the VIM-SHEFTEL Universal Colorimeter, Blood Chemistry Tests become a matter of office routine. For now any physician can make Blood Sugar Tests, Hemoglobins, Ureas, NPNS; or the Phenolsulphonphthalein test for kidney function.

You can do any of these right in your own office—quickly. The result is early and accurate diagnosis; better control of treatment.

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You get this manual with the Colorimeter. It describes the step-by-step procedure. In making tests you read the result on the syringe; refer to the manual, and the determination is at once available.

Priced at \$28.50 complete with Optical Unit, Manual and Carrying Case (reagents extra) the VIM-SHEFTEL places Blood Chemistry within the reach of any physician.

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sound growth and healthy development.

In the time of Hippocrates and for many centuries thereafter the chief concern of the physician was the patient. By his very lack of specific knowledge as to the causes of disease he was compelled to approach the problem of morbidity through the avenue of the suffering individual and his environment. Knowing nothing of bacteria or viruses, of infections and contagious agents, he endeavored to treat the patient through himself, utilizing the natural curative force resident within the body.

It has been one of the bitterest complaints on the part of the layman that in modern times the physician has appeared to be much more concerned with the disease than with the patient. With the discovery of the microbic and virus origin of many diseases, the disease came to be looked upon as an entity in itself, against which the doctor concentrated his efforts.

To be sure, in many pathologic conditions this viewpoint is entirely correct. Consider for example the malarial patient, who can be specifically treated with quinine, or the luetic patient with arsenic and mercury.

Unfortunately, not all diseases have a parasitic relationship to their patient-hosts. The viewpoint which is correct, say, in the treatment of hookworm, or lues, or malaria would be basically faulty in the treatment of the rheumatic, the arthritic, the cardiac, or the neurotic patient. Certainly the private practitioner who goes in for preventive medicine will need to go beyond the disease entity and concern himself intimately and extensively with the patient as a person. He must familiarize himself with his constitutional peculiarities, his home conditions, his family relations, his work, his philosophy of life.

This viewpoint on the practice of preventive medicine by the private practitioner has become crystallized in a definite movement for the promotion of periodic health examinations. The distinction between it and the usual physical examination is that it goes beyond the mere anatomy of the patient to a careful study of all his relations to his immediate world.

The cause of the periodic health examination has been harmed to no little extent by some advocates who have been too zealous in proclaiming its worth. It has been claimed that it could extend life, discover incipient disease, and retard the further development of existing pathology.

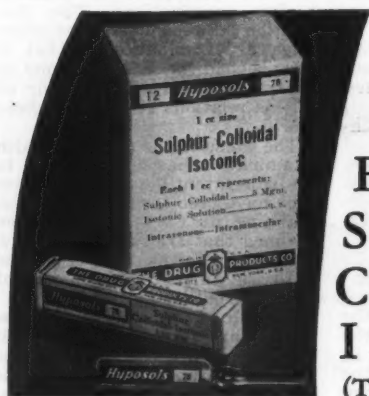
And to some extent all these claims are made justly. But if by extension of life, for instance, is meant a prolongation of the earthly existence of the individual beyond that period whose limits are determined by his inherent vital forces, then these claims are unwarranted. Essential longevity, dependent as it is upon constitution, cannot be appreciably affected by health examinations.

Yet daily clinical experience demonstrates that under competent supervision the cardiac, the nephritic, and the arteriosclerotic live and function many years longer than would otherwise be possible.

No type of examination makes possible the inevitable discovery of incipient disease. Still, even the cursory examinations of prospective insurance policy-holders reveal thousands of cases of hypertension, glycosuria, albuminuria, and other pathological conditions which might have remained unknown to the sufferer for years. Why doubt that the periodic health examination might accomplish as much as, if not more than, these routine insurance examinations?

Even granting that it can  
[Continued on page 101]

# WE ASK YOUR HELP!



*We want a distinctive ethical name for this effective arthritic product*

## HYPOSOLS SULPHUR COLLOIDAL ISOTONIC (The Drug Products Co. Inc.)

### \$100 WILL BE PAID

To the physician who offers the name we select for our product Hyposols Sulphur Colloidal Isotonic.

#### Conditions

1. The name must be ethical and as suggestive as possible of the composition of the product.
2. Suggestions from practicing physicians only will be considered.
3. In the event that the name selected is submitted by two or more physicians, the first received will be given preference.
4. Announcement of our selection will be made in our advertisements following our decision, without publicity to the physician suggesting it.

..... Which offers to the profession a safe means of employing intravenous and intramuscular medication of sulphur for the relief of arthritic and rheumatic cases. Certain dermatologic conditions are favorably benefited by intramuscular injections.

..... In therapeutic doses it is non-toxic and non-irritating. Unlike ordinary sulphur suspension, Sulphur Colloidal Isotonic does not cause immediate violent reactions. Neither does it produce malaise or pyrexia. It is practically painless to inject, assuring the effect of sulphur with certainty. The action is by oxidation and reduction.

..... Prepared in 1 c.c. Hyposols, Sulphur Colloidal Isotonic is a true colloidal solution. Packaged 25 Hyposols for \$5.50 and 100 Hyposols for \$18.00.

Strictly an ethical product available only to the profession.



The coupon below is available for submitting your suggested name, or for ordering a supply of the product.



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Please send me 25 Hyposols Sulphur Colloidal Isotonic, mailed prepaid, with clinical data and definite directions for use. My check is enclosed for \$5.50.

PRODUCT NAME

I suggest the following name for your product \_\_\_\_\_

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NOW

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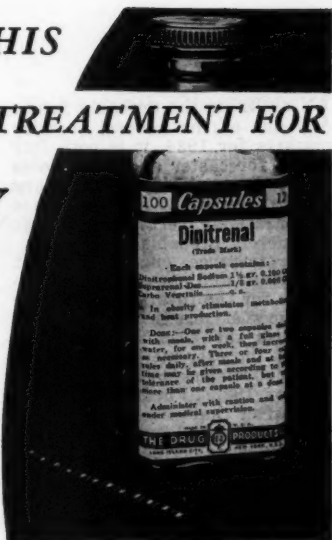
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## NEW EFFECTIVE TREATMENT FOR

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..... Reports in recent issues of the *Journal of the A. M. A.*\* show that Dinitrophenol may be used therapeutically to reduce weight of obese patients regardless of the etiology of the obesity. Loss of weight takes place predominantly from the hips and abdomen. Pharmacologic evidence indicates a usefulness in hypothyroidism and other states of distressed metabolism.

..... Dinitrenal (The Drug Products Co., Inc.)—chemically designates—Alpha Dinitrophenol Sodium—Suprarenal—Carbo Vegetalis, and is prepared in pink colored capsules, in bottles of 100.

..... Clinically Dinitrophenol alone in certain cases of idiosyncrasy produces side reactions such as cystitis, urticaria, gastro-enteritis, etc. By the use of Sodium Salts of Dinitrophenol and the inclusion of Suprarenal and Carbo Vegetalis these side reactions are minimized.

\* *Journal A. M. A.*: July 25, 1933, pp 193/5; Sept. 30, 1933, pp 1033/5; Nov. 4, 1933, pp 1472/5

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PHYSICIANS FOR  
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Please send me 100 pink Capsules of Dinitrenal. Enclosed is my check for \$2.50. Also clinical data and definite directions for use.

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# SECURITY MARKET OUTLOOK FOR 1934

IN outlining the probable future trends of the general security markets for 1934, it is both fair to the forecaster and valuable to the reader to clarify the boundary line between what prophecies are comparatively certain and what are merely probable.

For instance, one of the most important and encouraging statements for the future comes in the category of practical certainties. That is the assurance that we passed the extreme bottom of our long depression in the early summer of 1932. For nearly a full year after that extreme low point there was no adequate assurance that we were permanently on the way upward once more; but in the light of 1933 developments it is now safe to say that, even though we get further intermediate spells of reaction, the important indexes of stocks, bonds, commodities, industrial production, etc., will not again approximate the bottom levels of July, 1932, for many years to come.

•

We may also approach a definite forecast for 1934 by somewhat of a process of elimination—by formulating the *worst* eventualities that might occur in the new year. Although we need entertain no fear that new set-backs will carry us down to those previous low points of the depression, that does not mean that progress will be rapid or continuous on the path of recovery.

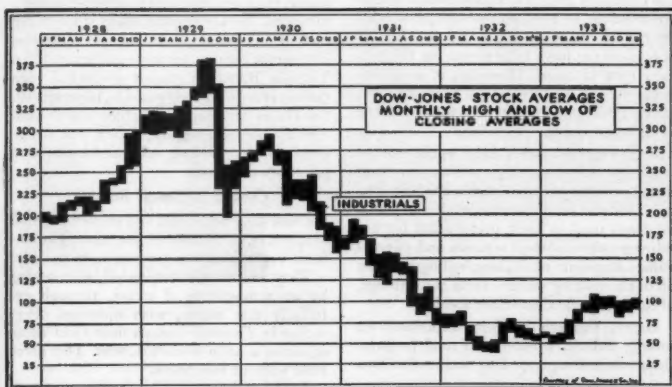
The author does not anticipate any drastic relapse in the coming year, but if we *should* get such a relapse then we can formulate in advance certain fairly definite limits below which any such possible reaction should not go. Looking at the economic picture from this angle of pessi-

mistic extreme, the *worst* that seems at all possible for 1934 is a continuation of recent irregular trends in business, which might conceivably carry stock prices back down to the level prevailing around the close of April and the beginning of May in 1933.

That even such an unexpected, but possible, set-back would still leave us far above the worst days of the depression may be seen from a glance at the accompanying chart, showing an index of the monthly highs and lows of industrial stock prices for a number of years previous. Even if we should be forced to go through such an intermediate set-back as has been postulated, the decline should stop somewhere around the levels represented by the temporary bottoms of the first three months in 1932, the extreme top of September, 1932, and the later top reached at the close of April, 1933.

It will be seen that all three of these quoted points are at practically the same level on the indexes, and it is approximately this identical level which should form a support point to stem the most drastic recessions which seem at all likely in the coming year. The important conclusion to be drawn from a study of the "worst that can happen," therefore, lies in the fact that even if such a decline should materialize, its extreme bottom would still be about 85 per cent above the nadir of the entire depression which

"If you were a physician starting the new year with a surplus of several thousand dollars, how would you invest it?" That was the question MEDICAL ECONOMICS put to the financial editor of one of the country's foremost investment publications. His reply, given here, points the way to those just entering the market; and gives valuable counsel about revising present holdings.



was reached in the early summer of 1932.

It is actually encouraging to consider the worst that might happen in the coming year, but it is even more encouraging to consider what is *more likely* to happen. We have noted the pessimistic extremes first, simply to show that we need not fear overmuch the worst behavior that 1934 might offer, but we have also stated that we do not truly anticipate any such drastic recession.

Having established certain expectancies which are largely in the category of comparative certainty, the writer is quite willing to present his views of what are

likely to be the security trends for 1934, trusting the reader to appreciate that he does not lay claim to any degree of infallibility and that the details of any such long-range forecast must of necessity be subject to revision as possibly unforeseen events unfold themselves throughout the year.

Such a forecast is somewhat easier for the bond market than for the stock market, not only because bonds do not ordinarily swing so rapidly but also because the indications for 1934 suggest no very spectacular movements in the general indexes of bond prices. For the year as a whole the trend in bonds appears

[Continued on page 65]

# A Statement About Strained Foods

*By the President of H. J. Heinz Company*

**T**HE value of strained vegetables in the diet of infants, pregnant patients, convalescents, and other soft diet cases, to supply necessary minerals and vitamins which are deficient in milk and cereals, has been proved by the medical profession. Millions of housewives have been preparing them in their own kitchens. However, it is almost impossible to prepare, in the home kitchen, a vegetable puree that will fulfill all the requirements of the physician.

Most vegetables obtainable in the market are days old—sometimes weeks old—and have lost some of their vitamin content. The methods and equipment available in home kitchens, used in their preparation further rob vegetables of their vitamin and mineral values. Exposure to air, long boiling, pouring off of the cooking water—these three things, of course, are fatal to vitamin value.

Heinz, through its long experience in solving difficult problems of food preparation, was well equipped to master this one.

## *The Ideal Background*

For many years, prize vegetables grown under Heinz supervision have been rushed from gardens into nearby Heinz packing plants and converted within a very short time after picking, into flavorful, vitamin-laden food concoctions.

With the usual Heinz thoroughness, and backed by all the resources of the company, the subject was studied, modern new methods and equipment evolved, tested and perfected.

Before Heinz Strained Foods were announced to the medical profession, Heinz, in cooperation with a leading institute of industrial research, conducted comparative laboratory feeding tests, extensive clinical tests and vitamin studies.

## *The Heinz Process Assures Vitamin Content*

Heinz strained vegetables are *not* cooked in water, thus avoiding leaching out of soluble vitamins. No air reaches them while being cooked or comminuted. This prevents loss of vitamin content through oxidation. Even Vitamin B, which cannot withstand high temperature over long periods, is preserved, for Heinz strained vegetables are cooked rapidly but thoroughly, under direct low pressure dry steam. All condensate and juices are retained.

## *Cooked in Small Batches*

Because they are mixed and cooked in small batches, it is possible to put these garden-fresh vegetables into process very quickly.

They are then comminuted, surrounded by an atmosphere of steam, through extremely fine sieves, with openings 0.033 inches in diameter—much finer than those of sieves used in home kitchens. This gives bulk without roughness.

Each batch is tested by the famous Quality Control Department, then vacuum sealed into enamel-lined tins of extra heavy gauge.

## *Vitamin and Mineral Content*

Vitamin studies show that in Heinz Strained Foods—Vitamin content has been most efficiently retained.

They have the full mineral content of fresh vegetables. The consistency, because of the Heinz process, is extremely heavy, and, for this reason, they go farther.

## *Flavor Not Neglected*

Because only garden-fresh vegetables are used they are perhaps the most palatable that can be obtained. This quality, of course, is extremely valuable during the beginning stages of vegetable feeding. They are easily digested because they are thoroughly cooked.



# HEINZ





● *Heinz strained vegetables are not seasoned in any way. Each label instructs mothers to ask their physicians whether or not to add seasoning.*



If you could see the unusual precautions, the scrupulously sanitary conditions in the Heinz plant, which is open for public inspection, you would agree that nothing has been overlooked to satisfy the most meticulous standards.

#### *Your Tests Invited*

We welcome comparative tests of Heinz Strained Foods by members of the medical profession. To facilitate your tests, we shall

#### THE NUTRITIVE VALUE OF HEINZ STRAINED VEGETABLES

|                        | Spinach   | Carrots   | Peas      | Green Beans | Vegetable Soup | Beets  | Tomatoes  | Prunes    |
|------------------------|-----------|-----------|-----------|-------------|----------------|--------|-----------|-----------|
| ANALYSIS               |           |           |           |             |                |        |           |           |
| Total Solids           | 6.3       | 8.5       | 13.7      | 7.5         | 11.7           | 10.5   | 12.0      | 11.0      |
| Protein (N x 6.25)     | 3.2       | 1.0       | 4.8       | 2.2         | 1.8            | 1.5    | 2.1       | 1.1       |
| Fat                    | 0.5       | 0.2       | 0.5       | 0.2         | 0.1            | 0.1    | 0.2       | 0.2       |
| Total Carbohydrates    | 1.5       | 5.7       | 8.8       | 3.8         | 8.7            | 7.5    | 8.3       | 18.2      |
| Total Sugars           | 0.001     | 4.9       | 1.0       | 2.6         | 1.9            | 5.1    | 7.3       | 11.1      |
| Gross Fiber            | 0.7       | 0.8       | 1.0       | 0.8         | 0.4            | 0.6    | 0.4       | 0.8       |
| Ash                    | 1.4       | 0.8       | 0.6       | 0.5         | 0.7            | 0.8    | 1.1       | 0.7       |
| Calcium                | 0.057     | 0.029     | 0.012     | 0.053       | 0.036          | 0.017  | 0.013     | 0.033     |
| Phosphorus             | .038      | .038      | .080      | .031        | .025           | .027   | .020      | .025      |
| Iron                   | 0.001     | 0.001     | 0.0016    | 0.001       | 0.0018         | 0.0016 | 0.0016    | 0.0018    |
| ENERGY VALUE           |           |           |           |             |                |        |           |           |
| Calories per ounce     | 5.4       | 8.0       | 17.0      | 7.3         | 12.1           | 10.4   | 11.6      | 10.0      |
| Calories per 100 grams | 19        | 28        | 59        | 25          | 45             | 40     | 41        | 38        |
| VITAMIN CONTENT        |           |           |           |             |                |        |           |           |
| Vitamin A              | very good | very good | good      | good        | very good      | fair   | very good | good      |
| Vitamin B              | good      | good      | very good | fair        | good           | fair   | very good | fair      |
| Vitamin C              | good      | fair      | good      | fair        | poor           | poor   | excellent | poor      |
| Vitamin G              | good      | fair      | fair      | good        | good           | fair   | excellent | very good |

be glad to send you, without obligation, an assortment of the eight varieties. Merely write, on your professional stationery, to the H. J. Heinz Company, Dept. ME 101, Pittsburgh, Pennsylvania.

*Howard Heinz*

# Strained Foods

A GROUP OF THE 57 VARIETIES

# Taxation Without Perspiration

**C**AN you visualize yourself, hair askew, poring and perspiring over the intricacies of your 1934 income tax return?

Certainly you can. Every year sees you at the job. And you'll be struggling with it again within the next few weeks.

"Sure," you agree. "I know it...But why bring that up?"

We bring it up because we have a solution. The annual income tax migraine is no longer a necessary evil. You can prevent it in 1935 simply by using between now and then the effortless record system described on these pages.

Only three easily kept forms are involved. These require scarcely any time and effort. Yet they tell you at the end of every day, week, and month exactly where you stand financially. Could anything be a greater boon to the income tax sufferer?

The first of the forms is the **Daily Record of Earnings and**

**Receipts.** This is printed on a 4" x 6" card, both sides of which are illustrated on the opposite page. At the close of every day it gives you the following succinct information:

1. How much cash service you rendered.
2. How much service was charged.
3. How much you collected in bills.

Next comes the Record of Disbursements, a 4" x 6" card, both sides of which are alike. This tells you how much you have spent in cash or by check, and what you have spent it for. It also allows

for the distribution of expenses into *your own* classifications.

The third form, known as the Monthly Summary of Earnings and Receipts, is printed

[illegible][illegible]

The two sides of this form tell you how much your cash services, charges, and collections amount to each day.

3. Total disbursements for the month (and their distribution for income tax purposes). [Turn the page]

[illegible]

The one below (both sides are illustrated) gives a complete financial summary for the month.

# ACCESSORY SINUSES *in* CHILDREN

**L**ocal treatment of infected sinuses in children must be supplemented by the correction of constitutional disorders which usually predispose to the infection. Principal among these are anorexia, constipation, secondary anemia and faulty life habits.

Local treatment, advocated by a leading New York pediatricist, consists of a 10 per cent Argyrol solution on nasal tampons, retained 15 minutes, applied every five or six days.

Twice daily, in addition, normal saline solution is applied with the Birmingham douche; in infants and young children, an instillation is made with the eye dropper.

The use of Argyrol has become standard practice throughout the world in the treatment of nasal infections because of its unique antiseptic and sedative qualities. The early employment of Argyrol in the nasal cavities will often prevent the development of serious complications and permanent damage.

Rhinologists employ the tampon, saturated with 10 to 20 per cent Argyrol solution, and find it the most efficient local decongestive and detergent for the highly inflamed nasal tissues.

Argyrol tablets are now available to the medical profession, thus insuring accuracy, genuineness and saving of time in making a fresh solution at any time or place. Four tablets dissolved in one-half ounce of water make a 10 per cent solution in a few minutes; other strengths in proportion.

When you use Argyrol you may expect uniform and specific results.

**A. C. BARNES COMPANY**  
(INCORPORATED)

*Sole Manufacturers of Argyrol and Ovosferrin*

**New Brunswick**

**New Jersey**



*"Argyrol" is a registered trademark, the property of A. C. Barnes Co. (Inc.)*

Space is also allotted on the back of this monthly form for special notations, such as bad debts and other items, which may have a bearing on your income tax liability.

At the end of each month the summary sheet is wrapped around the month's cards and filed. Then when the fiscal year-end rolls around again, all you need do is refer to your twelve summary sheets and they will tell you everything you want to know about your income and outgo during the preceding year.

With this aid, users of the system say, the average income tax blank can be filled out in about

fifteen minutes.

The three forms described undoubtedly deserve a place among the latest and best contributions toward easy medical record keeping.

They have been devised minus all rigamarole and frills. They allow for only the essential facts. Hence, they require but a minimum of labor and time.

The forms can be made up by your job printer, or may be obtained from a concern in New York which has agreed to send samples to interested physicians. MEDICAL ECONOMICS will be glad to cooperate by forwarding requests.

## Medical credit bureaus unite

**F**EELING the need of a central organization of business bureaus designed especially for ethical practitioners of medicine and dentistry, managers of a group of Middle West bureaus have recently organized the National Association of Medical Credit Bureaus, 707 Akron Savings & Loan Building, Akron, Ohio.

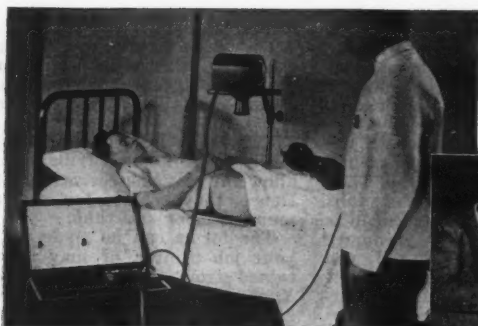
The organizers are John A. McGhee, executive director of the Medical Bureau of Akron, Inc.; J. L. Price, manager of the Toledo Physicians and Dentists Credit Association; and John J. Wells, manager of the Detroit Physicians Business Bureau.

Mr. McGhee, who heads the new organization, writes to MEDICAL ECONOMICS as follows concerning its purpose and aims:

"Obviously there is need for some reliable source of information to guide medical groups in the proper methods of organizing and operating their own cooperative bureaus. What is needed is a composite reflection of experience gained by all the successful bureaus.

"This need, we trust, will be met by the National Association, which will act as a sort of clearing house of service and management ideas, leading to the gradual evolution of a uniform plan of operation for medical and dental business bureaus.

"Membership in the National Association of Medical Credit Bureaus will be a guarantee to the physicians and dentists sponsoring any particular local bureau that they will not be exploited in any manner. Only those bureaus confining their services *exclusively* to ethical medical or dental practitioners are eligible for membership."



**General Electric Introduces  
Model F Shock Proof  
X-Ray Unit  
for office and portable work**

*Immersion of Coolidge  
Tube in oil makes possible  
the smallest practical  
X-Ray Unit ever designed*

● A complete x-ray generating plant in a carrying case measuring only 19 $\frac{3}{4}$ " x 12 $\frac{3}{4}$ " x 7 $\frac{3}{4}$ "—weight only 30 pounds. Energized through the ordinary lighting socket.

Due to this remarkable compactness and the flexibility realized through 100% electrical safety, radiography and fluoroscopy become possible in many unusual but necessary positions heretofore impractical with open type equipment.

As an adjunct to office practice and as an emergency portable outfit, it covers a remarkably wide range of diagnostic service, considering its size. Its ability to produce a radiograph of a pelvis, average size, in six seconds at 25 inch focal-film distance is indicative of its usefulness. The extremely small Benson focus of the special oil-immersed Coolidge tube permits closer focal-film distances without sacrificing detail.

That is Model F in a nutshell—a design which from the standpoint of compactness in relation to capacity and range of service is unprecedented.

It unquestionably fills a very definite need as a utility office unit which at the same time serves so practically for portable work.

**General Electric  X-Ray Corporation**

*Branches in principal cities*

**2012 Jackson Blvd.**

**Chicago, Illinois**



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# THE NEWSVANE

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## Ten Cents a Call

His \$500 annual salary represents ten cents a call, says Dr. Morris Green, who resigned recently as town physician of Union City, New Jersey. Tendering his resignation, Dr. Green reported to the city commission that he was quitting because he would not submit further to the abuses of charity practice. Many citizens on the charity list, he pointed out, could afford private treatment but insisted on taking advantage of the town doctor. Furthermore, he declared, many of them thought nothing of calling him out of bed in the middle of the night for imaginary ailments.

## Reich M.D.'s Get \$6,800,000 Job

Germany is determined to wipe out hereditary diseases, now estimated to be costing anywhere from 350,000,000 to 1,000,000,000 marks annually. To this end, under a law which went into effect the first of January, 400,000 persons, approximately equally divided between men and women, are to be sterilized.

Nine diseases are designated in the law as hereditary, and are to be extirpated through sterilization. The law obliges every physician to report all persons within his knowledge subject to the sterilization provisions.

Such a person must then appear before one of the 1,700 hereditary health courts to be established throughout the nation by the end of the year. An appeal may be made to a supreme hered-

itary health court but those on whom sentence of sterilization is finally passed must either arrange for their sterilization or be sterilized by force.

The cost of the proposed operations has been estimated in the aggregate at about 14,000,000 marks, currently about \$6,800,000. This, governmental authorities consider a trifle, compared with the burden on German taxpayers which persons afflicted with hereditary diseases represent.

## Have You Polled Your Vote?

Several thousand doctors have already filled in and returned the postcard in December MEDICAL ECONOMICS, asking the question, "How much charity work do you do?" If you, in the holiday rush, failed to send in your vote, won't you reach for your December number now, tear out the card, answer the four questions given, and drop the card in the mail? No postage is required.

## Physicians Outgive Hospitals

It is gratifying to note that more and more medical societies are checking up on the amount of charity work done by their members.

For example, the Committee on Economics of the Westchester County (N.Y.) Medical Society reports that during the past twelve months the attending physicians and surgeons of the fifteen general hospitals in the county have contributed to the





## Your Job Isn't Done When the Patient Leaves the Office

Your prescription is part of your treatment. It should demand ingredients that are safe and backed by years of experience.

When you prescribe Genuine Phillips' Milk of Magnesia you can depend on receiving the original product—which physicians have banked on for over 60 years.

The name "Phillips" insures accuracy and purity of composition, and on your prescription insures you against imitations and inferior products.

For both laxative and antacid actions, Phillips' Milk of Magnesia is safe and gentle. The new tablet form is especially valuable because it is pleasant to take and convenient to carry. Each tablet represents a teaspoonful of Genuine Phillips' Milk of Magnesia.

## PHILLIPS'

### Milk of Magnesia

Prepared only by  
The Chas. H. Phillips Chemical Co.  
New York, N. Y.



poor in these institutions medical and surgical attendance conservatively estimated as worth \$1,857,-873.

"This figure, impressive as it is," the Committee says, "does not begin to reflect the real value of the contribution in medical service made by the profession throughout the county in any year to the deserving poor. It reflects only the work done by the attending physicians in the wards and dispensaries. To it should be added the inestimable amount of service every physician gives to deserving people in his private practice.

"It is interesting to compare the value of our contribution in hospital service to that of the hospitals themselves. The hospitals have provided free care to a total of \$1,801,503.69, the bulk of which presumably has been repaid them from public and private charity funds. The cost of medical charity to the hospitals is thus seen to be less than that of the medical profession. And no part of our contribution is ever returned to us."

### Journal A.M.A. on Mat

Quite a lively controversy has been going on in the pages of the *St. Louis Post-Dispatch*, precipitated by that newspaper's editorial accusation that the outbreak of amoebic dysentery in Chicago was deliberately hushed up until the Century of Progress Fair was over, so as not to discourage attendance.

The *Post-Dispatch* criticized not only the lay press of Chicago, but even more severely condemned the *Journal of the American Medical Association* for not hinting to the profession that amoebic dysentery existed sporadically in many communities even as early as last July.

Dr. Louis H. Behrens, former head of the St. Louis Medical Society, in a letter to the paper, called attention to the fact that although as early as June it was known to the health authorities

of Chicago that many food handlers were carriers of the germs, the *Journal* waited until November 18, a week after the Fair was closed before publishing the story of Chicago's experience with the amoebic dysentery outbreak.

Dr. Morris Fishbein, editor of the *Journal A.M.A.*, writing to the *Post-Dispatch* in his own defense, resented the insinuation that the *Journal* delayed giving publicity to the outbreak of dysentery because it was interested in protecting the Century of Progress Exposition:

"There was not the slightest indication to anyone of anything beyond the usual amount of amoebic dysentery occurring in Chicago until August the 15th. The first information concerning this outbreak received by the *Journal of the American Medical Association* came in a manuscript submitted by Dr. F. O. Tonney, reaching our office on October 20th. That manuscript, read before the American Public Health Association meeting in Indianapolis on Oct. 29th, did not indicate the possibilities of a nation-wide distribution of the diseases, but merely recorded the investigation as made up to Sept. 1st.

"The moment that the manuscript by Dr. Tonney was read, the editor of the *Journal* called in the health Commissioner of the City of Chicago and Dr. Tonney, and told them individually that the *Journal* wished a complete report of the situation for publication at the earliest possible moment. As rapidly as the material could be accumulated, it was put into type, checked and published."

### "Sampleter"

Another instance of sample racketeering has just cropped up:

A young man called upon a physician and asked him for his surplus supplies of samples. Furthermore, he offered the doctor some slight compensation to have

## FIRST AID FOR THE STOMACH

**Y**OUR first consideration in the treatment of simple gastric upset with post-prandial pain, sour, acid eructations and other well-known symptoms of hyperacidity, is to relieve the distressing symptoms quickly, safely.

For this purpose BiSoDoL offers a valuable First-Aid for the stomach.

The combined action of magnesium carbonate with sodium bicarbonate and bismuth subnitrate affords quick neutralization of excess acid without tending to set up all alkalosis. Antiflatulents and flavorings provide additional aid in combating acid indigestion.

### Massive Doses in Colds

The balanced formula of BiSoDoL enables the physician to build "alkali-resistance" by giving massive doses at frequent intervals.

*Send for Samples and Literature*



# BiSoDoL

**The BiSoDoL Company**  
130 Bristol St. New Haven, Conn.

sixty postcards sent out in his name, asking for samples from manufacturers.

He explained that he wished to send out the postcards, with the understanding that he might return at a later date and collect the samples that had come in. A little questioning elicited the information that the man planned to sell the samples to cut-rate drug stores.

### Contraceptive Law

Legislation contemplating the freer dissemination of contraceptive information is to be brought up in Congress. Whether you are for it or against it, now is the time to make your influence felt by getting in touch with your Congressman. The proposed new bill provides as follows:

...that Section 211 of the Penal Code of the Federal Statute shall be amended that it shall not apply to the mailing, delivering, or receiving of any written or printed matter concerning the prevention of conception, or of any appliance, drug, or thing adopted or intended therefor, as between lawfully practicing physicians and their bona-fide patients, duly licensed druggists, importers or exporters of medical appliances or drugs, manufacturers thereof, wholesale dealers therein, and medical publishers and scientific books and reprints therefrom, provided such mailing, delivering, or receiving is in the due and proper course of such profession or business.

### Hospital Insurance

The various hospital insurance plans being experimented with here and there, most of them patterned more or less closely after the system put into operation at Baylor University Hospital, Dallas, Texas, are attracting considerable notice in the public prints. The *Canton, Ohio Repository & News* comments editorially upon hospital insurance as follows:

"Hospital services must be available to all classes of people. The poor are entitled to them without charge. The wealthy

are expected to pay. The middle class, being neither poor nor wealthy, finds itself in an uncomfortable middle position. Its members can not pay rates which consume their money twice as fast as they can earn it, and they can not demand charity. They must have hospitalization when they need it. Insurance seems an eventual solution."

### Costs Survey of 36,000

*Modern Hospital*, analyzing a survey of the costs of medical care among families of 36,000 urban employees of one of our large insurance companies, finds that 85 per cent of the families require doctor's services; 50 per cent need dental service; 20 per cent require hospital treatment during the year; 89 per cent purchase drugs; 8.8 per cent employ nurses' services; and 21.5 per cent visit oculists.

On an average, about 3 per cent of income is expended on medical care, regardless of the size of the family. Per capita costs range from \$47 in families with no children to \$13.44 in families with six or more.

### Iowa M.D.'s Make Own Terms

Another medical group takes its stand against having the economic conditions of practice laid down for them by lay officials.

Fort Dodge (Iowa) physicians have rebelled against the contract method of payment for medical care of the country's indigent persons. A committee of doctors informed the Webster County supervisors that during the past year medical society members received only 12¼ per cent of the usual fees for surgical treatment of indigent persons, and 20 per cent of their regular fees for medical and obstetrical care. The average payment for major operations was \$18.75.

Protesting that these fees are not equitable, the committee has



"It's practically lintless. There don't seem to be any loose fibres and the surface is unusually smooth."



"It has that crunchy feel I like, which probably means that the oils have been completely removed."



"Notice that pure white color. You see it best when you compare it with another cotton."



"And it absorbs almost instantaneously, as you will see when you make this water test."

● Even this is not the whole story of Bauer & Black's New Process cotton. Scientifically controlled manufacture every step of the way, from virgin cotton to the finished product, gives you this cotton with its new standards of excellence (listed at right). Sold by your druggist or surgical supply house. Make these tests yourself, with free sample—mail this coupon.

## new process COTTON

is part of the complete line of quality surgical dressings made by

**BAUER & BLACK** Chicago New York Toronto  
Division of The Kendall Company

### NEW PROCESS COTTON SAMPLE FREE

Bauer & Black, 2300 S. Dearborn St., Chicago

ME-1

Name.....

Address.....

City.....State.....

## Facts about New Process Cotton

- 1 Much greater absorbency
- 2 Clean—free from neps
- 3 Pure white color
- 4 Minimum of loose fibres, due to uniformity of staples
- 5 Crunchy feel—oils completely removed. Chemically pure
- 6 Smooth surface—fibres do not pick up
- 7 Uniform thickness—easier to use
- 8 Side strength—resists tearing—due to interlocking fibres
- 9 Fully sterilized, of course—packed in lap-edges rolls.

submitted a higher schedule of fees to the county supervisors, with the ultimatum that it comprises the only basis on which the county medical society will furnish medical care for the needy during the present year.

### Drug Manufacturers Criticized

Philadelphia physicians seem to be noticing the tendency among certain big drug manufacturing companies to distribute their pamphlets directly to retail drug customers. A recent issue of the Philadelphia County Medical Society bulletin condemns this practice as follows:

"Looking over the various pamphlets released to the retail drug trade of this, and doubtless every other city, by the big drug manufacturing companies...one is struck by the determined effort of these firms to reach the consumer directly, and to ignore, if not efface entirely, the physician in the matter of prescribing. It may be difficult to reach the conscience of these manufacturers and convince them that they err in this regard, but pending that we shall endeavor to keep the profession informed of their activities."

### Laymen in Medicine Exceed M.D.'s

More laymen make their living directly or indirectly from the practice of medicine than do physicians, states Dr. Thomas Parman, statistician of the Metropolitan Life Insurance Company. Only 29 per cent of the medical dollar ever reaches the pocket of the doctor. There are in the United States, actively practicing, some 142,000 doctors, about 21,000 of them connected with medical institutions, the rest in private practice.

At the same time, in hospitals and other medical institutions, or engaged in the sale of commodities to the profession, there are

somewhat more than 509,000 other persons.

### Sterile U. S.

Interest in the activities of the Hitler regime under which several hundred thousand Germans are to be sterilized by the state calls attention to the fact that sterility laws are by no means a new thing in the United States.

Laws which legalize the deprivation of reproductive powers in certain pronounced mental and physical defectives are in effect in at least 23 states.

### Doctors Queried on Economics

Answers to a questionnaire, the results of which were read before the St. Louis Medical Society recently by Dr. M. J. Bierman, should be of interest to readers of MEDICAL ECONOMICS.

The questionnaire was sent to 1,680 doctors, and replies were received from 212. Thirty-two questions were included in the survey, asking for opinions on everything from fee-splitting to state medicine. Here are some of the results:

State medicine was opposed by 77, favored by 10. The majority stated that city institutions had gone "too far in rendering treatment to the indigent," and that the state should pay the physician for all charity work in the future.

Most of the replies held that each medical society should have its own credit bureau, a number of them adding that "the function of a medical society should be the mutual economic benefit of the membership."

On fee-splitting, 47 declared themselves for and 35 against it.

One of the doctors in favor said that "the so-called leaders do it." Another stated that "it is being done, so why not sanction it and do it openly."

The replies were summed up by another physician who declared

## Gray's Glycerine Tonic Comp.

FORMULA DR. JOHN P. GRAY

### CONSTITUENTS

GLYCERINE  
SHERRY WINE  
GENTIAN  
TARAXACUM  
PHOSPHORIC ACID  
CARMINATIVES

### DOSAGE—ADULTS:

Two to four tea-  
spoonfuls in a little  
water before meals  
three or four times  
daily.

### CHILDREN — One-half

to one teaspoonful in  
water before meals.

### INDICATIONS

AUTO-INTOXICATION  
ATONIC INDIGESTION  
ANEMIA  
CATARRHAL CONDITIONS  
MALNUTRITION  
NERVOUS AILMENTS  
GENERAL DEBILITY

"A TONIC OF KNOWN DEPENDABILITY THAT CAN BE PRE-  
SCRIBED AT ANY SEASON OF THE YEAR"

THE PURDUE FREDERICK CO., 135 Christopher St., New York

[ Also Compounders of **HYPEROL**  
A Utero-Ovarian tonic and corrective ]

## FOR **FLATULENCE** AND **HYPERACIDITY**

### **TABLET GAS ELIMINANT TRACY**

—for prompt relief with more lasting  
neutralization—Beneficial for acid condi-  
tion caused by too free indulgence in  
alcohol.

These tablets are particularly beneficial  
for the relief of vomiting during pregnancy  
—for indigestion and dyspepsia.

Send for quickly read booklet available  
only to physicians.



THE TRACY CO., Inc.  
New London, Conn.

ME 1-34

Please send me your booklet for physicians only.

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Street .....  
City ..... State .....



that fee-splitting, where two or more doctors work on a case, is fair, but that the element of barter should not enter into it.

Concerning the general economic aspects of medical practice, one doctor expressed his opinion as follows:

"There is too much sentimental bunk in medicine. When the profession realizes that 95 per cent of their practice centers around the business end of it, we shall be much better off and much better doctors."

### Foot Work

A new treatise on the subject of foot and postural defects, under the title *Foot Hygiene and Posture*, has just been published by Dr. M. J. Pullman, 411 West Seventh Street, Los Angeles.

The book is profusely illustrated, and the prosaic seriousness of the text is relieved to a certain extent by a liberal sprinkling of offerings from the poets. The author, a chiroprapist, is the inventor of an apparatus for the correction of foot defects which he has named the "Pullmanizer."

## "Red Medicine"

[Continued from page 18]

can not attend a dispensary."

The selection of a physician by the patient is curiously regulated: "At the medical center for his district a patient can choose his own doctor; he can subsequently change his doctor if reasonable cause is shown." But, "at home, the application for a doctor can not be for a special doctor, but only for the doctor allotted to that district."

Health Commissar Vladimirov told the investigators specifically that in the Soviet Union "medical aid is given without payment to all workers and peasants, who

form the bulk of the population. For the rest, the desire is to serve all gratuitously; but hitherto they have not been included in the general service, the first call being for the workers. Thus, in a dispensary, an intellectual will have to wait until all the workers have been treated."

Probably the main drawbacks to present-day Russian medicine, Sir Arthur and Mr. Kingsbury believe, arise from the tremendous population and vast area the Soviet medical authorities are striving to cover.

Among the complaints against the present system are found these:

"Patients object to the many formalities before they are allowed to see a doctor at the public clinic, and to the fact that the intervals before they see him again are excessive."

"There is usually a definite lack of hospital beds when needed."

"Medical attendance at home is unsatisfactory."

"Long waiting for a doctor often occurs."

Medicine in the U.S.S.R. is not "fully available, without discrimination, for the entire population."

"In Russia, social insurance differs from that of any capitalist country in that the workers do not contribute to the funds. No contributions are paid by them week by week as in other countries, but necessarily it is the funds chiefly created by their work which provide for their insurance. In each factory or other institution there is a social insurance bank, in which the contributions from the industry or institution to the insurance fund are deposited. These contributions are calculated on a per capita basis according to wages."

Since the cost of social insurance in the Soviet Union thus

# MUCIN TREATMENT OF *Peptic Ulcer*

## NOW AVAILABLE TO THE GENERAL PRACTITIONER



*Right leg of frog almost completely digested in acid gastric juice.*

*Left leg protected against digestion by previous immersion in gastric mucin.*

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**DOSE:** 80 to 100 Gm. per day divided into 5 or more doses. Most conveniently administered in milk and cream. Literature containing tasty recipes sent to physicians on request.

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THE rapidly growing list of published clinical observations, as well as questionnaire reports, on the treatment of gastroduodenal ulcerative disease by large numbers of clinicians have now established the value of this biological agent.

So many physicians have already begun to use Gastric Mucin (Stearns) that it has now become a routine prescription product.

The value of Gastric Mucin (Stearns) in ulcer patients is backed by experimental and clinical evidence. While three years is too short a time to prove definite cures, it has been sufficient to show that Gastric Mucin provides prolonged symptomatic relief and roentgenologic evidence of healing in a majority of cases in which other forms of treatment have previously proven unsuccessful.

*The purity and uniformity of Gastric Mucin (Stearns) are backed by years of experience in the preparation of physiological and biological therapeutic agents. Every batch is carefully assayed by the Gastric Mucin Committee of Northwestern University Medical School.*

---

**FREDERICK STEARNS & COMPANY**  
DETROIT, MICHIGAN, U. S. A.

---

"falls on the employer, whether this be the state or a cooperative body, there is no charitable relief."

In the words of *Red Medicine's* authors, "the financial needs of social and medical work are met from three sources, namely:

1. Local taxes used for supporting local institutions.
2. Central funds contributed especially for the maintenance of medical and other staffs.
3. Insurance funds from which most of the money needed is derived.

G. R. Mitchison, in one of his *Twelve Studies in Soviet Russia*, states that the contributions of Russian industry for the medical care of the people "average about 14 per cent of the wages paid."

In the United States, on the other hand, only about 3 per cent of wages are expended for medical services [See item, "Costs Survey of 36,000," page 59, this issue]. Which means that medical care costs about four times more when socialized than it does under a system of private practice.

With the conclusion of the authors of *Red Medicine* that the present Russian public health administration is distinctly praiseworthy, in that it represents a tremendous improvement over the

conditions prevailing before the Revolutions of 1917, no reasonable person can quarrel.

But there is room for objection to the propaganda which suggests, "What Russia has accomplished in its courageously original scheme for the health and social well-being of its people constitutes a challenge which western civilization must accept and meet."

Even if socialized medicine works well under the Soviets, there is no reason to assume that it would be equally desirable in other parts of the world, such as the United States, where an entirely different background and set of present-day conditions obtain.

Not only are the medical requirements of the two nations totally dissimilar, but each represents an extreme and opposite type of government: the one highly communistic; the other completely capitalistic.

Actually, what the U.S.S.R. needs in the way of physicians is quantity. The U.S. seeks quality. Between the two objectives lies a world of difference.

All of which would seem to indicate that what is sauce for the goose is not always sauce for the gander.

## Security Outlook for 1934

[Continued from page 47]

to be gradually upward, though we may see intermediate spells of weakness during the first few months of the year.

We should not be at all surprised to see bond prices fluctuate irregularly throughout all of 1934 within the range already outlined by the high and low levels set up in 1933. But if this does not prove to be the case, then it seems much more likely that the

highs for last year will be exceeded rather than that the 1933 lows will be broken. Practically all types of bonds should therefore be good purchases on periods of intermediate recession during the coming year, but the lower-grade and more speculative issues ought to show much wider profit than the higher-grade, or investment type bonds.

In the stock market, we look for only one or two truly substantial movements in 1934, and those who expect a rapidly rising trend through the entire year are fairly certain to be disappointed. The pattern thus far set in what we are pleased to term our "new

*If*  
**THIS  
 PATIENT  
 COULD TALK**



He would naturally revolt at taking old-fashioned, nasty-tasting and smelly castor oil when the super-refined Kellogg's Tasteless can be had at all drug stores.

***No upset stomach for HIM!***

Kellogg's Tasteless is 100%, full strength pure castor oil. Odorless, tasteless, no after-nausea. Exceeds all U.S.P. requirements. **BOTTLED and SEALED** at the refinery—absolutely necessary in order to insure its original freshness to the patient. The only refinery-sealed castor oil in America.



Be sure to specify the original and genuine Kellogg's Tasteless Castor Oil in sealed 3 and 7 oz. bottles—never sold in bulk.

*National Distributors:*

**WALTER JANVIER, Inc.**

121 VARICK STREET  
 NEW YORK, N. Y.

bull market" calls for one period of rapidly rising stock prices in each year. These spectacular advances have consumed from three to five months. They have then met heavy selling, distributive climaxes, and have again given way to reaction or quieter irregularity, for the remainder of each year.

Though the establishing of any such pattern early in the development of any major stock market trend is no guarantee that such pattern will be continued in the future, we are still inclined to feel that such may be the case, at least through the next year or two. As a matter of fact, this is the normal method of progress for bull markets as well as bear markets.

During the entire duration of the major downward cycle which started in 1929, there were one or two periods each year of rapid and spectacular decline. Each period lasted only a few months and the rest of the year was given over to either intermediate rally or quiet irregularity.

Reversing the bear market pattern, we have had one such period of rapidly rising prices in each of the past two years, 1932 and 1933. In the present year, we are inclined to consider the possibility that we might get two of such rising periods in one year. Such a possibility will become a decided *probability* if we get drastic inflation during 1934 or, on the other hand, if we get further inflation scares in the first half of the year, followed by sound money later on, or a defeat of the Administration money policy in the November Congressional elections.

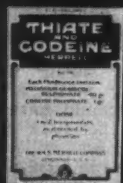
Under either of these two circumstances we should expect the first period of rapid stock market advance early in the current year, perhaps from late January through March or April, and the second one toward the close of the year.

Having established the provision for the possibility of two periods of market advance in 1934, however, the writer may say that he leans more to the expectation of only one such rise, and that to take place early in the new year, rather than late. In other words, we look for the beginning of another advancing phase in stock prices in the near-term future, to continue for about three months, followed by renewed reaction, or sagging irregularity, through most of the remaining year, but with at least fair possibility of another and narrower advance toward the end of 1934.

How far such a spring rise will go is no easy matter for prophecy, but we should hazard the forecast that the 1934 advance in stock prices will be greater than the rise in 1932 and less than the rise in 1933. From the extreme bottoms to the extreme tops, the advance in 1932 amounted to around 35 points on accredited industrial indexes, while that in 1933 was better than 55 points. We should consider an additional gain of 40 points in 1934 an extremely good record, and would be quite satisfied, as a matter of fact, with only 35 points, or an increase of between 35 and 40 per cent from recent levels.

Such an extension of the bull market seems a definite possibility, but it is by no means a certainty. We do anticipate at least a good spring rise, but we may also refer again to the pessimistic theory, previously mentioned, of further reaction before new steam can be generated to renew the upward trend of a bull market. It may also be said, however, in such an unexpected eventuality of merely continued irregularity or sagging in 1934, that patience is all that would be required, for such a pattern this year would be the best guarantee possible that we should witness

## RELIEVES COUGH ALLEVIATES DISTRESS



### THIATICODEINE (Merrell)

Provides a simple but efficient cough sedative.

Note these advantages—

#### EFFECTIVE

Composed of two clinically tried and proven drugs:

- a—Potassium Guaiacol Sulphonate.
- b—Code-

ine Phosphate.

#### PROMPT

Prompt expectorant action—quick and efficient sedative action.

#### PALATABLE

Special syrup base. Potassium Guaiacol Sulphonate, most tasteless form of guaiacol.

#### SAFE

Potassium Guaiacol Sulphonate, less toxic than guaiacol and better tolerated.

Codeine Phosphate, least habit-forming of opiates, less depressing on respiratory center and less constipating than morphine.

*Physician's sample on request*

## NOW YOU CAN PUSH SALICYLATES

In order to secure complete salicylization—massive dosage without gastric upset—the combination of natural sodium, magnesium and calcium salicylates in conjunction with the alkalis found in ALYCIN has been found to be practical.

An average level teaspoonful of ALYCIN approximates 10 grains of salicylates and 20 grains of alkalis, in a balanced formula. The pleasant flavor, high tolerance and convenience of ALYCIN are appreciated by the patient.

*Write for physician's sample and complete schedule of dosage.*



**THE WM. S. MERRELL COMPANY**  
CINCINNATI, U. S. A.

rapidly rising trends in the following year.

Having considered all possible eventualities, even the worst, together with the more promising probabilities for 1934, it should be fairly apparent that security prices, for the long pull as well as for the shorter swing, are still at comparatively attractive levels. It goes also without saying that the writer is optimistic for the future and that he is definitely of the opinion that a fair proportion of market funds should be invested in bonds and an even larger share in stocks.

In order to facilitate the formulation of an investment policy based upon the writer's analysis of future conditions, a suggested schedule for the average physician may perhaps be helpful. No such schedule, of course, can successfully be formulated without at least some recognition of governmental money policy and the chances for drastic further inflation in 1934.

So much is being written about inflation, and so little is actually known, that this writer is not disposed to go into any lengthy discussion of the subject. Suffice it to say that, while we do not expect serious inflation, its threats are sufficiently in evidence to suggest the wisdom of adequate safeguards against it, for any well-conceived investment policy.

We should allow, ordinarily, from 20 to 30 per cent of total investment funds in purely liquid condition at the present moment. Under the threat of inflation, we suggest only 10 per cent of total funds in cash reserve at this time, and another 20 per cent in gold, silver, commodities, foreign exchange, or any other adequate medium of defense against drastic depreciation of the American dollar.

We should then allot another 20 per cent of available market capital to bonds, preferably the

lower-grade, or semi-speculative, issues, another 20 per cent in preferred stocks, 15 per cent in high-grade stocks, and the remaining 15 per cent in more speculative common stocks. Thus we complete a seemingly logical and proper investment policy, with 30 per cent of funds in cash or almost its equivalent, carrying practically no investment risk, 30 per cent in stocks, carrying the major degree of risk, and the other 40 per cent divided between bonds and preferred stocks, with only medium risk.

In discussing the individual groups of securities which hold greatest promise of successful profit in 1934, we again run against the inflation consideration. Here, in addition, we find it more difficult to bridge the gap of inadequate clairvoyance through diversification. Since we do not know the future of inflation, however, the doctrine of diversification is still our best friend, and the writer is highly in sympathy with this distribution of risk throughout many groups and many individual issues.

Whether we get drastic inflation or not, the security groups with the most favorable profit possibilities over the next year or so would seem to include the motors, motor accessories, farm equipments, commodity stocks, office equipments, railway equipments, steels, and chemicals.

Also worthy of mention are the tobacco stocks, if purchased on one of their intermittent spells of intermediate weakness, the so-called liquor, or repeal, stocks, if available on further general reaction, and the electrical manufacturing group, especially when, as, and if the eventual booms begin to materialize in air conditioning and television.

We have not mentioned in such favorite lists the public utilities, railroads, foods, and oils. We are



# Doctor: HAVE YOU A STUBBORN CASE OF CHRONIC URETHRITIS?

## THEN BY ALL MEANS TRY—

This new bacterial antigen brings to the medical profession a highly effective local treatment for both acute and chronic urethritis. Clinical evidence accumulated from such excellent proving grounds as state prisons,

boards of health and clinics shows desired results in *over 80 per cent of the chronic cases treated!* Here is a new and revolutionary local treatment for gonorrhea. Gon A-Vee is made from the organisms which cause the disease. It antigenically stimulates the cells and leucocytes, penetrates the pockets of the lacunae of Morgagni—those hidden cavities which resist so effectively antiseptic solutions.

May we urge you to try this easily applied, proved biological? Hundreds of physicians are already using Gon A-Vee as a resultful and effective specific for gonorrhea. Its abnormally high percentage of results is eloquent proof of its efficacy. Take the coupon to your druggist—he will do the rest. Or send it in direct.

# GON A-VEE

Gonococcus  
Combined Antivirus

## G. H. Sherman M. D., INC.

14602 EAST JEFFERSON AVENUE—DETROIT, MICHIGAN

SPECIAL OFFER TO

Physicians

FREE... with every order of  
Gon A-Vee... one vial 12½  
cc. of Sherman Gonococcus Com-  
bined vaccine No. 49, used as  
an adjunct to Gon A-Vee

Please supply one 12½ cc. vial Vaccine 49 Free  
—with one box Gon A-Vee at \$3.00 net.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

Druggist \_\_\_\_\_

Address \_\_\_\_\_

not genuinely unfavorable to such groups but simply feel that their future trend is not sufficiently definite or is contingent upon certain factors which are not likely to be especially favorable.

Technically, for instance, we are favorable toward the utility group, yet drastic inflation or Government tampering might easily depress them still further. Modest investment in such groups may well be maintained, provided there is plenty of protective diversification in the other types of security.

As a matter of fact, the principle of diversification is the underlying basis for all successful investment policy. No definite prophecy of future price trends in security markets can be completely infallible, but if broad programs of investment policy are formulated upon a combination of forward-looking counsel and protective diversification, then one may build constructively for the future and with well-founded faith in eventual success and profit for the coming year.

## That "Tugwell Bill"

[Continued from page 22]

cember 7th and 8th under the chairmanship of Senator Cope-land, the battle seemed to be almost entirely between the Food and Drug Administration and representatives of the industries involved. Organized advertising was heard but not in sufficient volume as justified by the stake which advertising interests have in the issue.

The brief which I filed on behalf of the Advertising Federation of America reflects what I believe to be the attitude of organized advertising, and I should like to quote several portions briefly:

"The Advertising Federation wholeheartedly approves the objectives of

In

## COLDS, COUGHS, RHEUMATIC FEVER, ARTHRITIS, NEURITIS,

this single prescription reduces fever, eliminates toxins, and above all relieves pain and discomfort almost immediately.

Just write:

**Tongaline** Liq.

1 teaspoonful q.i.d. (or as your case requires it.)

or

**Tongaline**

Tablets 2 q.i.d.



For forty years a strictly ethical preparation. Formula fully revealed. Literature and samples on request.

**MELLIER DRUG CO.**  
2112 Locust St. St. Louis, Mo.

In response to the insistant demand for a small adequate instrument for Tonsil Coagulation we have produced and now present to the medical profession the

## COMPREX COAGULATOR



Electrosurgical removal of the tonsils is especially indicated for your poor surgical risks, elderly patients and for children where surgical shock or fear is to be avoided. Many tonsilectomies are now being postponed through fear of working time lost by the patient. Heretofore many practitioners have been unable to take advantage of this method due to the high initial cost of diathermy equipment. So we have produced this coagulating and fulgurating instrument, designed especially for office use.

With the use of this Compreh Coagulator you can now assure your patients that no time will be lost from their work. The increased income accruing to you through these extra office jobs will soon pay for this surprisingly low priced equipment.

It will be found that this equipment is suitable for shrinkage of turbinates and fulguration of nasal polyps, treatment of cervical disorders and all applications of high frequency current in minor office procedures.

**COMPREX COAGULATOR,**  
complete in black carrying case,  
with footswitch and  
cord handle ..... **\$100.00**

Set of interchangeable tonsil  
and turbinate  
electrodes ..... **\$20.50**

Technique furnished with each  
coagulator

**COMPREX COAGULATOR CORPORATION**

450 Whitlock Ave., New York, U.S.A.

FREDERICK C. WAPLER, President

Senate Bill 1944 as stated in its title. It is recognized that these objectives, if they are effectively attained, will bring not only greater protection for the public health, but will also strengthen and increase the usefulness of advertising as a means for selling goods.

"The Advertising Federation of America has for more than twenty years been an aggressive proponent of the 'truth in advertising' movement and welcomes any constructive practical legislation which will help to increase the believability of advertising . . . Senate Bill 1944 aims to correct some of the advertising abuses which still exist and we can but applaud its stated intent . . .

"Referring specifically to Section 9 of the bill covering false advertising, we find that the provisions are so vague and sweeping that hardly any advertiser may know positively whether his advertising is within the law. Besides being extremely indefinite, this section of the bill provides that an advertiser may be severely punished for honestly and frankly stating a complete truth, a situation which should never be possible in an intelligently drafted law."

The section in question contains exceedingly vague language, which makes an advertisement false if "in any particular it is untrue, or by ambiguity or inference creates a misleading impression."

These words are capable of interpretations which would brand as false almost any piece of advertising copy worthy of the name. The clause has justly been attacked by many. In the brief filed for the A.F.A. the following substitute was recommended for paragraph (a) of Section 9:

"An advertisement of a food, drug, or cosmetic shall be deemed to be false if in any material particular it is untrue or deceptive."

In the next paragraph of the same section there is a provision which requires that any advertisement of a drug which mentions the name of a disease for which the drug is not a specific cure but is a palliative, must state with equal prominence and in immediate connection with such name that the drug is not a cure for such disease.

There are so few specific cures known to medicine that nearly all drug advertising would have

to be loaded down with the words "not a cure" in each piece of advertising copy in immediate connection with the name of the disease for which it is intended and printed in the same size type. This would include most of the well known beneficial remedies which are generally recommended by physicians everywhere.

This provision is intolerable. It would require by law that manufacturers frighten away all possible purchasers of their products no matter how helpful they may be in easing or improving the condition of the patient, excepting only those few drugs which are "specific cures."

The framers of this bill have seemingly overlooked the fact that by setting up an advertisement in the way which they prescribe, it would commit the very sin proscribed in the immediately preceding paragraph of the bill, namely, "by inference creating a misleading impression," the impression being that the remedy has no remedial effect.

Another clause in the same section is even worse. It would make any advertisement false which includes a representation concerning the effect of a drug "which is contrary to the general agreement of medical opinion." No one knows what the general agreement of medical opinion is, and even if there were such a thing, it might be in itself contrary to the truth.

It may not be out of place to remind the sponsors of this bill that it was not long ago when the preponderant medical opinion was that baths were unhealthful if taken during the winter. Laws based on this opinion were passed in several places in this country prohibiting the practice.

Medical opinion changes constantly and requires time to catch up with the truth. When a new medical truth appears, there usually is a period when a few

# AMBAZIN

IS ECONOMICAL,  
NON-STAINING, AND  
"WORKS" IN A HIGH  
PERCENTAGE OF  
CASES OF  
G-U INFECTIONS.

**488** cases of acute and chronic gonorrheal urethritis have been reported to our research laboratory by physicians, following treatment with AMBAZIN, in their private practice.

**439** of the cases were reported as successfully cleared.

AMBAZIN as a conjunctive measure for oral administration is well tolerated.

*Dosage: 1 capsule t. i. d.*

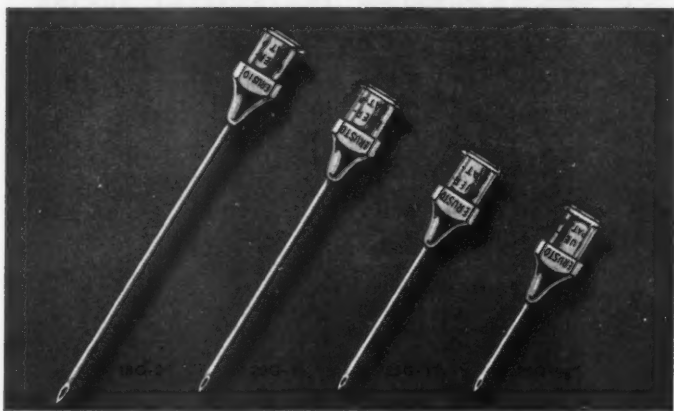
**The cost of a Two Weeks' Prescription (42 capsules, each 0.2 gram) is approximately \$1.50.**

... If you have not made a clinical test of AMBAZIN, write for a supply of 42 capsules, 0.2 gram each, and reprint of the published work.

THE LABORATORIES OF  
**The Farastan Company**

137 South Eleventh Street  
Philadelphia, Pa.

## B-D ERUSTO NEEDLES



## FIRTH-BREARLEY STAINLESS STEEL

The standard rustless needle with the strong sharp point of new design. A point which penetrates with minimum discomfort, dilating the skin and reducing seepage.

**B-D PRODUCTS**

*Made for the Profession*

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

leading medical authorities are aware of it but the great majority of physicians have not yet accepted it.

Thus it would be possible to convict a manufacturer for false advertising when he has stated an absolute truth concerning his remedy backed up by adequate proof and authoritative medical opinion.

The suggested substitute for this clause as put forward in the A.F.A. brief is as follows:

"An advertisement of a drug shall also be deemed to be false if it includes any representation concerning such drug which is not supported by scientific or medical test."

In the paragraph which is designed to protect the public against dangerous self-medication, it seems that the restriction on advertising is too severe. As it now reads, the paragraph prohibits any advertisement of a drug representing it to have any effect in the treatment of any of a long list of diseases.

This is a very unfair prohibition, for many remedies do have helpful effect in the treatment of these particular diseases although no specific cure for them exists. It should be adequate protection to require that the word "curative" be inserted before the word "effect," which would permit the advertiser to mention the name of a disease but prohibit him from making any representation that the drug has a curative effect upon it.

There are many other defects in this bill as now written, but for lack of space I have referred

specifically only to the section which comes under the heading of false advertising.

One serious general objection to the whole bill is the degree of authority which it confers upon the Secretary of Agriculture. In section after section we find matters of the utmost importance left to the discretion of the Secretary, who may or may not use his discretion wisely. To quote again from our brief:

"We wish to enter a protest against the excessive use of the third person singular pronoun in connection with the enforcement provisions. It appears that we have seldom had the privilege of studying such an ambitious outline for granting autocratic power to an executive officer of the United States Government. This feature, I feel sure, need not be further criticized in this brief for it does not seem possible that a Senate Committee would refer such a bill to Congress without greatly changing it. There are many places in the bill where the language can just as well be made specific as to what Congress intends to prohibit rather than leaving the matter to the discretion of an official."

To conclude this short resume I give another paragraph from our testimony before the Senate Committee hearing touching upon the economic aspect of the question, which is particularly important at this time:

"Our greatest immediate concern in the whole matter is the possible effect on economic recovery in this country. There is not the least doubt that the passage of this bill without modifications would so greatly discourage manufacturers and sellers of foods, drugs, and cosmetics from attempting to advertise their wares that the volume of their advertising would be reduced tremendously. This in turn could not help but radically shrink the volume of business in this field which would naturally result in substantial lessening of employment and profits."

## Don't Neglect the Neurotics!

[Continued from page 15]

begun to describe the shooting pains in his limbs and the knots in the back of his (or, oftener, her) neck, and to fire abrupt questions, scarcely waiting for

replies. Just at this point, when the doctor begins to get bored, the patient begins to feel insulted. Hence, he goes away, and doesn't come back.

To be able to outline his complaint in detail is valuable to the patient because it offers him relief. It is important, also, for an understanding of the case.

Often some vital point comes

# Why **ALBOMALT**



*because*

**T**HE question, Doctor, can be answered to your entire satisfaction. In pregnancy, for nursing mothers and for the child who is undernourished and fretful, ALBOMALT is indicated—

*because*

ALBOMALT is an emulsion of Albolene (heavy Russian Mineral Oil) and pure Malt Extract, in balanced proportion—approximately 50% of each. It is not absorbed in the intestinal tract but allows free admixture with the colonic contents, favoring natural peristaltic action.

ALBOMALT contains a Malt Extract rich in Vitamin B—whose nutritive value is so necessary to the diet in pregnancy and during the period of lactation. Its high diastatic content (60° Lintner scale) adds to the value of this natural corrective.

ALBOMALT is a simple preparation, non-habit forming. It may be prescribed plain or in hot water or milk. Children like its molasses taffy flavor. Dosage: one level tablespoon at night and again before breakfast. For children, one-half the above amount.

**McKesson & Robbins**  
INCORPORATED

NEW YORK BRIDGEPORT MONTREAL



M.E.-1

Please send literature and trial jar of Albomalt.

..... M.D.

..... St. & No.

..... City & State



out quite casually in a side remark. (As when one of my own women patients, complaining of a chronic tired feeling, recalled that as a child she thought all grown people had headaches and backaches, simply because her mother complained of them constantly.)

Adolf Meyer in the *New England Journal of Medicine*, Leo Kamer in the *American Journal of Psychiatry*, and others, have pointed out the value of these side remarks which patients make when allowed the time to discuss their complaints in detail.

Let them talk. Give them time. Take full note of what they say.

After the patient has finished his statement, and not until then, a full history ought to be taken. This should include not only the usual medical history, but an account of his sexual life, family surroundings, financial circumstances, education, industrial efficiency, and social setting.

In addition, complete data should be secured about any family quarrels or feuds that may exist.

Such unadmitted, scarcely conscious friction is extremely common; and patients who happen to live in the midst of it derive intense relief from freeing their minds of the intimate details.

If the family physician is to retain his rightful position as confessor and adviser in all intimate affairs, he must show himself genuinely interested in his patients and their problems. The neurotic has problems which he fairly burns to discuss, if permitted. And, as a rule, he will gladly pay for advice.

The physical examination should come last. Needless to say, it ought to be complete; for the patient may have a neurosis and an organic disease at the same time.

The doctor must explain his findings, mental and physical, in terms which his patient can understand. So often patients com-

plain that "Doctor So-and-So never tells you anything."

Avoid saying to a patient that "There's nothing the matter with you."

It is not true. If it were, he would not have consulted you.

Because this oft-repeated remark is not true, the patient becomes angry and resentful. Secretly—or openly—he calls you a fool.

Instead of dismissing the patient's complaint with a wave of the hand, say (if it be true, of course): "There's nothing *organically* wrong with you. Your trouble is functional. Therefore, there's no reason why you should not get well."

Never tell the patient he is "neurotic." To the layman that word is an epithet. Talk about "psychogenic disorders" instead, or "functional derangements of the nervous system."

And always be encouraging. Point out that the absence of organic damage indicates that complete recovery is possible. Put the responsibility upon the patient. Make it clear that he can get well if he will try hard enough.

Outline your treatment in detail, stressing hygienic and dietetic measures. Lay out a schedule, beginning with a cool sponge bath on rising, light exercise, simple diet, rest periods, a prolonged neutral bath at bedtime, and so on.

If you prescribe any drug explain exactly what effect you hope to produce. Attention to such details is most important. They please and satisfy the patient.

Never discourage questions. Answer them as simply and as fully as you can. And do not discourage frequent calls because of false ideas of ethics.

Of course, no doctor is justified in piling up needless charges for his services. On the other hand, the patient should be permitted

## FOR SUCCESSFUL RESULTS IN INFANT FEEDING, USE—



### ←WITH FRESH COW'S MILK AND WATER

Dilutions of fresh cow's milk and water can now easily be made similar to human milk in percentages of fat, protein, carbohydrates and total salts, by the addition of HYLAC.

#### COMPARE THESE FORMULAS

| COW'S MILK DILUTED<br>CARBOHYDRATE ADDED           |      |
|--|------|
| Milk, 22 oz.; Water, 13 oz.;<br>Added Sugar, 2 oz. |      |
| Fat  | 2.1% |
| Protein  | 2.0% |
| Carbohydrate                                       | 8.1% |
| Cal. per oz.                                       | 18   |

| WOMAN'S MILK |      |
|--------------|------|
| Fat          | 3.5% |
| Protein      | 1.5% |
| Carbohydrate | 6.5% |
| Cal. per oz. | 20   |

| COW'S MILK DILUTED<br>HYLAC ADDED            |      |
|--|------|
| Milk, 22 oz.; Water, 13 oz.;<br>Hylac, 2 oz. |      |
| Fat  | 3.2% |
| Protein                                      | 2.3% |
| Carbohydrate                                 | 6.5% |
| Cal. per oz.                                 | 20   |



### ←WITH THE ADDITION OF WATER

A dried milk formula which has all the advantages of properly modified cow's milk, with the additional benefit of increased digestibility.

#### COMPARE THESE PERCENTAGES

|                  | MILK FAT | MILK PROTEIN | MILK SUGAR | MILK SALTS |
|------------------|----------|--------------|------------|------------|
| Womens' Milk     | 3.50%    | 1.50%        | 6.50%      | 0.20%      |
| Diluted LACTOGEN | 3.12%    | 2.03%        | 6.66%      | 0.44%      |

Lactogen is indicated for infants throughout the entire period of infancy, especially for those who have a limited capacity to digest fresh fluid milk.



### ←WITH WATER ALONE OR WITH MILK AND WATER

A low fat and high, easily-digested mixed carbohydrate formula especially indicated for infants who

- A** Show limited digestive tolerance for fat.
- B** Require a high caloric allowance, especially those who can take only a limited volume of fluid.
- C** Are underweight as a result of digestive disturbance, illness or excessive activity.

Nestlé's Food consists of malted whole wheat, malt, dry milk, sucrose, wheat flour, salt, dicalcium and tricalcium phosphate, iron citrate and cod-liver oil extract. Contains vitamins A, B and D.



**NOTE:** None of the above products is advertised to the laity. No feeding directions are given except to physicians. All three products have been accepted by the Committee on Foods of the American Medical Association.



Accepted by the  
Committee on  
Foods of the Amer-  
ican Medical  
Association.

For free samples and literature please mail your professional blank to:

## NESTLÉ'S MILK PRODUCTS, INC.

2 Lafayette Street

Dept. 17-C-1

New York City

to come to the office as often as he wishes. If for no other reason, the opportunity of talking freely about repressed anxieties and emotions, of obtaining reassurance, is psychically most valuable.

Let no man think he fails to earn such fees. It is not easy to listen patiently and cheerfully to such tales of woe.

If the truth were known, it is the intense boredom involved which keeps most doctors from giving enough attention to neurotics. They dodge this work not because it is too easy, but because it is too hard. Since it is hard, then, it merits a fee.

Some of my readers may object that this method of treating neurotics is impossibly time-consuming. I do not write for those whose practice is so large and so lucrative that they feel no desire to increase it. (If there are such doctors in these times!)

For the others to whom this article is particularly directed, the most practical way of getting around this objection is simply to *charge by the hour instead of by the call*. We shall return to this later.

One must always be careful to avoid mixing economics with therapy. To fail in this is to be accused of being mercenary. It is not high fees so much as the manner in which fees are discussed which offends patients.

As far as possible, finances should be discussed outside the consulting room. If you can, let your secretary or office nurse explain your terms.

It is not ordinarily difficult to collect fees in advance, or to fix definite methods of payment, provided you do not let your patient feel that your only interest in him is financial. Therefore, money matters should be settled before consultation begins, and outside the consulting room.

Once you have allowed a patient to enter that room, he has

purchased your full attention and your best skill for as long as may be necessary. Unless he knows this and feels it from your attitude, he will be dissatisfied. And a dissatisfied patient is poor pay.

Never let a patient—a new patient, especially—enter your consulting room unless you are prepared to give him time to tell his troubles unhurriedly.

If you are tired, irritable, rushed with work so that you have only limited time to spare, it is better not to see the patient at all. Explain the situation and make an appointment for the next day. Or, at least, tell him this is merely a preliminary interview, and that you will complete the examination later.

A patient who is hurried goes away feeling injured. He is convinced that he has failed to describe his most important symptoms and, therefore, that your treatment can not possibly help him.

I believe that the fairest method of fixing charges for office calls, and particularly for initial examinations, of neurotic patients is upon a time basis. As soon as patients understand this, they accept it as reasonable and just.

Obviously, it is not fair to charge one patient as much for a half hour's physical examination, as you charge another for an interview lasting two or three hours, merely because both are "consultations."

A basic rate of so much (say, ten dollars) per hour makes the calculation of fees easy, and keeps the doctor from too much fidgeting in the presence of voluble patients. Often, too, it will hold such patients to the point when nothing else would.

Five or six chronic neuroses (and there are at least as many in every general practitioner's possible clientele) at ten dollars per hour for two calls weekly will add up to something like five hun-

# Effective LAXATIVE MEDICATION

Sodium Glycocholate..... $\frac{1}{4}$  gr.  
Sodium Taurocholate..... $\frac{1}{4}$  gr.  
Phenolphthalein ..... $\frac{1}{2}$  gr.  
Extract Cascara..... $\frac{1}{2}$  gr.  
Aloin ..... $\frac{1}{8}$  gr.

## TABLETS

# OXIPHEN



Oxiphen Tablets are particularly useful in habitual constipation because they produce gentle, yet effective laxative action throughout the intestinal tract, stimulating activity of both the secretory organs and the intestinal musculature. They may be used over extended periods

without losing their effect, and without an increase in dosage and, as normal function is re-established, the dosage may be gradually withdrawn without a return of the condition. The formula contains no toxic drugs, and does not produce the "cathartic habit".

The Oxiphen formula combines the hepatic stimulant and chologogue action of the bile salts ("the only reliable chologogue known"—Cushny) with the tonic laxative effect of cascara, the simple laxative action of phenolphthalein and the stimulant action of aloin on the colon. Kindly use the coupon for literature and clinical sample.

## PITMAN-MOORE COMPANY

Indianapolis

PITMAN-MOORE COMPANY, Indianapolis.

ME-1-34

You may send me a sample of Oxiphen Tablets for clinical use.

M.D.

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

dred dollars a month. Even half that sum would add materially to the average physician's income.

If they are offered understanding sympathy and interest, some of these cases will get well. At the worst, they are kept away from quacks, and made happier and more productive.

After all, one doesn't cure all organic diseases, either. But one

may give sorely needed help to a class of patients too often rebuffed and made to feel vaguely disgraced as "neurotics" and "hystericals."

They can do plenty of harm if mishandled; but they will go away singing your praises if you use a reasonable amount of tact.

And, to repeat, they can make you a living.

## Your Office Reflects YOU

[Continued from page 31]

six rooms is divided into a general waiting or reception room, a rest room, a secretary's office, a private office, and two treatment or examining rooms.

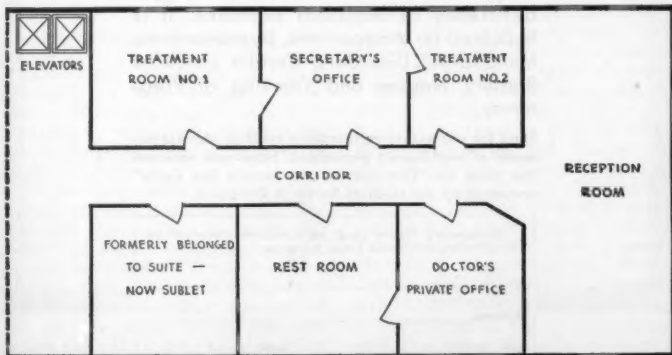
The doorway to the suite, it will be observed, is convenient to the elevators; and after entering it patients must walk directly down the main hall to reach the reception room. By so doing, they necessarily pass the office of the secretary, whose door is always open. With her desk facing this

door, she has a definite check on the arrival and departure of all patients.

Notice, also, that when patients go into either of the treatment rooms, they must pass directly through the secretary's office. This simplifies her task of getting such data as she may require for her records before the treatment is given.

Patients leave by the same route, which offers the secretary an opportunity to collect for the service, or at least to make an effort. To stimulate this thought in the minds of the patients, some currency is always kept under a paperweight in plain view.

Inasmuch as the secretary's office may readily be made quite private, she is free to discuss



Floor plan of the model office.

# PROGYNON

## FEMALE SEX HORMONE



**C**LINICAL proof of the efficacy of Progynon has been given by leading physicians who have subjected it to searching tests. It is possible to measure the action of Progynon in both tablet and ampule form. It is standardized by the Allen-Doisy method.

Progynon is effective in cases involving a deficiency of follicular hormone. It is indicated in: Amenorrhea, Dysmenorrhea, Menopausal Disorders, Certain cases of Sterility, Nausea and Vomiting of Pregnancy.

Send for our extensive literature relating the experiences of well-known physicians. Have you received the tracts on "Disorders of the Female Sex Cycle" prepared by our Medical Research Division?

Gentlemen: Please send me complete literature on PROGYNON, the Female Sex Hormone.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**SCHERING CORPORATION, 75 WEST ST., NEW YORK, N. Y.**

fees with patients without danger of embarrassment to them. The doors into the two treatment rooms are on opposite sides of her room, and on opposite ends of these sides.

Within each of the examination rooms, the treatment chair is located at the side of the room away from the door, so that it is impossible for patients leaving the room to see other patients being treated in the other room.

The doctor's private office or consultation room is on the opposite side of the main hall. The rest room opens from this.

Such an arrangement for the private office offers complete isolation from the working side of the suite, so that relatives or friends may be called there for discussion of the case, and be beyond the hearing of the patient, whether he is in the treatment room or in the reception room. It is also ideally situated for consultation with other physicians.

The rest room is so arranged that the patient may be placed there in complete privacy for relaxation after treatment, or for a few hours' observation. Afterwards he can leave this room by going directly into the corridor, and need not pass through any part of the office proper.

The principal feature of this suite of offices is, as mentioned before, its elasticity to such changes as may become necessary. This is a highly important feature to be considered when assuming the financial burden of such an office.

In the first place, the rest room, being entirely separate from the rest of the suite and being the room of least importance, could easily be closed off from the other rooms, turned back to the lessor, or sublet as conditions warranted. If, on the other hand, this one room did not find a ready market, the private office could be joined with it, making an extremely de-

sirable two-room office suite, with a door opening into the main hall near the elevators.

Should further curtailment of space seem necessary, treatment room No. 1, with its handy outside entrance into the main corridor, could quite probably be sublet without inconvenience to the tenant of the original suite.

And if still greater retrenchment seemed advisable, the office of the secretary could, in connection with the treatment room, be included in the making of another two-room suite of offices, the same as those on the opposite side of the hall. This action would simply necessitate moving the office of the secretary into one end of the reception room—which is amply large to permit this—and require a doorway between treatment room No. 2 and the reception room.

Thus it can be seen that this suite of offices might be reduced, room by room, until from the original seven only two would remain. Yet they could be conveniently arranged and ample in size to take care of almost any practice.

As indicated on the floor plan, one room of the original seven has already been sublet, in the case of this particular office. This room was formerly used for the storage of supplies, excess furnishings, and equipment, and has been taken over by a dentist using an adjoining suite of rooms.

While the size of this suite of offices would naturally indicate a prosperous practice, it is not overdone either in the matter of equipment or furnishings. As may be seen in the illustration on page 28, the reception room contains an unassuming array of furniture of a type that is easily cleaned or re-upholstered. Other furnishings, rugs, and draperies are in similar practical taste.

Simplicity is the keynote here, and this same thought is carried out in the secretary's office. The latter also is furnished only with



*Here is a headline nearly 30 years old ★*

# Physicians prescribe ALKALOL freely in treating head-colds

ALKALOL is a soothing, cleansing pus and mucus solvent that assists Nature to heal. *It is not an irritant.* It does not kill germs or tissue. ALKALOL *feeds* and *stimulates* cellular tissue. Patients like it because it is pleasant and produces noticeable results.

Physicians say: "It dissolves mucous easily . . ." . . . "It is thorough and soothing in clearing nasal passages" . . . "Patients like it . . ." . . . "It is pleasant and easy to use — economical, too . . ." "I prescribe it freely in the treatment of head colds . . ."

*Send a postal for eye dropper bottle*

THE  
ALKALOL  
COMPANY  
Taunton, Mass.



★ In the Service of the  
Medical and Dental Professions  
for nearly 30 years.

those items that are necessary to its proper functioning: a flat-top desk with disappearing typewriter, record files, and a telephone connection.

In the treatment rooms, of which only one is illustrated (the other one can be seen opening off the secretary's office), it will be observed that the equipment is reduced to the working minimum. While everything ordinarily required in the routine examination or treatment is incorporated in this armamentarium, there has been an evident effort to eliminate unnecessary items.

The dental style of chair is in use here, it being this individual practitioner's preference, since he stands up when giving treatments and examinations instead of using a stool as is often common in a practice of this kind. The work cabinet, fountain cuspidor, compressed air pump, and lamp are conveniently arranged and grouped about the chair to the best working advantage.

It is easy to see that the private office reflects in its furnishings this particular doctor's hobby for antiques. But in the selection of these the elements of comfort and usefulness have not been neglected.

This room, which contains a somewhat extensive library, can almost be considered a den or study. As such, it does not merit or require consideration from a public point of view, as do the other rooms.

Opening off this office is the rest room previously referred to. In it are a plain but comfortable couch, chairs, and restful draperies. The quiet effect of the furnishings predominates this entire arrangement.

While a complete suite of offices laid out according to this plan may be difficult to find, there is much in its general arrangement that can be of guidance to the physician about to engage in the occupation of such an extensive suite. Conditions might

arise at any time which would make it desirable, or even imperative, to reduce the professional quarters; and if the general layout of the rooms is such that certain ones can be eliminated without inconvenience, it is no small advantage.

Various handicaps were encountered in getting a desirable set of photographs of this suite, but the five views shown, together with the general plan of the rooms, will give the reader a fair idea of the suite, its furnishings, and equipment.

So much for this general office.

We now pass on to the specialized office of the urologist. Here the basic equipment is much the same, except that we substitute a urological table in place of a general examining table.

In the matter of the instruments and apparatus needed for diagnosis and treatment, however, there is a definite increase in costs. This office must be supplied with some decidedly expensive urological instruments. Among these are cystoscopes; endoscopes; urethrosopes, of both male and female sizes and patterns; also a fulgurating machine; cautery and light controller; catheters; sounds; bougies; centrifuge; microscope; special irrigators and syringes; and dilators.

While there are some examining instruments and dressings of the type required by the general practitioner, which the urologist may well eliminate from his equipment, the minimum cost for his necessities is bound to total about \$1,100. He may even find it essential to increase this allowance in certain localities.

Now a few words about the office of the eye, ear, nose, and throat specialist. Not infrequently, we hear unfavorable comments about the charges made by some physician specializing in this type

# Rheumatoid Pains in the Feet and Legs

## Examine Your Patients' Feet for Structural Weakness

Weak or Fallen Arches are often the direct cause of rheumatoid pains in the calf, thigh and lumbar region, also other bodily complaints such as fatigue, nervousness, cramped toes, painful



*Dr. Scholl's Arch Supports are fitted to the individual arch and are adjustable as condition improves*

callosities, etc. The corrective treatment is simple. Remove the predisposing cause such as short hosiery, improperly fitted or constructed shoes and have your patients fitted with

## **Dr. Scholl's** **ARCH SUPPORTS**

which are scientifically constructed to relieve the muscular and ligamentous strain and remove abnormal pressure. There is a distinct type of appliance for each condition. All quickly and easily adjusted to any degree of elevation or curvature, assuring you and your patients dependable results.

Shoe or department stores featuring Dr. Scholl's Foot Comfort Service can offer you the ethical cooperation of trained experts in the fitting and adjustment of Dr. Scholl's Appliances. This service is also available through Dr. Scholl's Foot Comfort Shops located in principal cities.



*Dr. Scholl's Arch Fitter insures accurate fitting and adjustment as foot condition improves.*

**THE SCHOLL MFG. CO., Inc.**

213 W. Schiller St., Chicago 62 W. 14th St., New York

of practice. However, it is only fair to bear in mind that invariably he must spend more for his equipment and more for his training than almost any other specialist.

With the possible exception of bone and thoracic surgery, there have been greater advances made in EENT work during the past decade than in any branch of medicine. These advances have brought about the invention and improvement of a veritable host of instruments and apparatus, so that the cost of equipping any modern office in this line is far greater than in any other type of practice.

Essential to the examination and refraction of the eye is the trial case, trial lens frame, test type cabinet, retinoscope, ophthalmoscope, perimeter, prism set, and color and muscle tests. Eliminating the operating instruments entirely, more than one hundred patterns, some in different sizes and shapes, will be required for diagnosis and treatment.

In addition to the desk, chair, and record file of his standard equipment, the eye, ear, nose, and throat man will need an adjustable stand for his ophthalmometer and perimeter, an examining chair, a work cabinet, a lamp for direct light in the eye, and one for reflection in his other work, a fountain cuspidor, a compressed air pump, and the standard items of stool, sterilizer, waste receptacle, and instrument and supply cabinet.

An efficient working equipment for a man in this specialty, without duplicates of any instruments, will cost \$1,800. Should he elect to add a corneal microscope, audiometer, malingering tests, or other sundry equipment, the cost will be appreciably in excess of this figure.

Next we come to the office of the pediatrician or gynecologist. Equipment costs for the working offices of men engaged in these

two specialties will be so nearly parallel to those for the office of the general practitioner that they require little discussion.

The pediatrician will, of course, require an accurate baby scale; and the gynecologist will require instruments for pelvic measurement and a larger assortment of instruments for the diagnosis and treatment of conditions incident to the vaginal tract. But these items will not materially increase the cost of either man's equipment beyond that borne by the general practitioner.

Regarding the office of the man doing bone or skin work exclusively, little can be said as to standards. The bone man does practically all his work in the hospital, with only cursory examinations or consultation work in his office. Therefore, his equipment may be limited to whatever he feels is necessary to give his office a professional air.

For the skin specialist, adequate light-therapy, X-ray, and deep therapy apparatus; an examining table; a few minor instruments; a magnifying glass; and some medications may constitute his entire equipment. In both these cases the requirements are so elastic in size and diversity of pattern as to render difficult any estimate, either of assortment or cost.

An office for any of the remaining specialties will be found to present largely the same problem as that of the general practitioner.

True enough, each specialist will find that he needs a few items common only to his branch of medicine. But, by and large, his fundamental requirements will be so similar to those of the general man that any difference there may be in detail and costs will be negligible.

This discussion would be hope-

# DIATUSSIN



*"Twenty drops  
won't hurt ~  
but three drops  
will do ~ ~ ~"*

Diatussin  
Bischoff

*for*



## WHOOPING COUGH and BRONCHIAL IRRITATION

ERNST BISCHOFF COMPANY INC 135 HUDSON ST., NEW YORK, N.Y.

lessly incomplete without some reference to the mistakes which are so often made when equipping the ordinary medical office. A reasonable amount of forethought, coupled with an understanding of the A-B-C's of this particular kind of buying, can save untold dissatisfaction and, in the end, a good deal of expense.

There is probably no type of buying quite like that encountered when fitting out a physician's office. The elements of service and dependability must be weighed with the utmost care, since the equipment must last indefinitely.

Almost anyone who has a catalog can equip a professional office; but the vital question to be decided by the purchaser is whether or not service will be rendered promptly and intelligently by the seller, and whether or not the merchandise supplied will be capable of withstanding the constant and exacting use expected of it.

The surgical supply field has not been spared the unfortunate inroads which unethical and wholly commercial procedure have made in every trade and profession during the last twenty years. And it is in this field that such inroads have sometimes been most disastrous.

In surgery and medicine, where the practitioner is banking his ability and equipment against death, it is difficult to put too much stress on the dependability of the dealer and the wares he sells.

Patronize only those surgical supply dealers who will be of genuine assistance to you. Such a man must not only know the needs of your office, but those of all your colleagues engaged in the different specialties.

He must know something of anatomy and physiology, of diagnosis and operative procedure. He must keep himself familiarized with the latest products in all these lines, find out their uses

and the reputation of each manufacturer.

He must have at his tongue tip the names of some seven thousand different instruments and appliances, and must know something pertaining to the uses of each. He is constantly being bombarded with queries and requests for information such as: the names and uses of certain instruments; the voltage, wattage and amperage of some particular piece of apparatus; how to sterilize different instruments or appliances; what a certain physician uses for some specific operation; who makes what; why a certain lamp won't light or a machine won't operate—and so on.

It is evident, then, that if your dealer is to be of assistance to you in the many problems that are constantly arising, and is to render the service that you have a right to expect, he must be a semi-professional as well as a business man.

One of the most important errors the practitioner is likely to make is to conceive his office improperly in the beginning, either as to size, adaptability, location, or all three. Misjudgment in any one of these, it need hardly be pointed out, can result in severe loss and embarrassment.

These three elements should, therefore, be studied carefully before a decision is reached. Unless the size of the quarters to be used is estimated carefully, both the reception and the treatment room may be out of proportion to the furnishings and equipment purchased.

If such quarters are not properly designed and laid out to meet the particular requirements, changes and alterations will involve considerable trouble and expense.

And unless the location is studied carefully as to population, transportation facilities, and income value, the inevitable result will be curtailment of income or the necessity of moving.

# IN IODINE THERAPY—

## *R<sub>x</sub> Syrupus Acidi Hydriodici* (GARDNER)

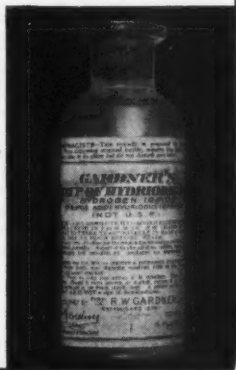
To insure the genuine product, developed by Robert W. Gardner in 1878, specify "GARDNER" in original 4 and 8 oz. bottles.

Gardner's Syrup of Hydriodici Acid contains 6.66 gr. of pure resublimed iodine in each fluid ounce. Indications include bronchitis, influenza, pneumonia, glandular enlargements, rheumatism, high blood pressure.

*Samples and Literature sent free to physicians upon request.*

**Firm of R. W. GARDNER**

Orange · Established 1878 · New Jersey



## *S* · **HAYDEN'S** VIBURNUM COMPOUND, ANTISPASMODIC & SEDATIVE

for sale by reliable pharmacies in 4 oz. and 16 oz. bottles, is manufactured and distributed only by New York Pharmaceutical Company, Bedford Springs, Bedford, Mass., U. S. A.

*Stop*

loss of time from work . . . from play . . . Prevent annoyance and upset schedules. Under proper medical supervision, the use of a reliable



**R<sub>x</sub>**  
**HVC**

antispasmodic and sedative, such as Hayden's Viburnum Compound, will often save valuable hours not only for women patients in gynecological conditions, but also to men patients in general practice. H.V.C. acts at once and is perfectly safe—containing Viburnum Opulus, Dioscorea Villosa, and aromatics but no narcotics. Prompt, effective and pleasant to take, H.V.C. has been prescribed by successful physicians for three generations. Sample to the profession on request.



# Tours & Cruises



**1934 WORLD CRUISE:** This new travel folder sets a new mark in cruise planning, by announcing a unique 80-day cruise to four continents—South America, Africa, Asia, and Europe—for next summer's vacation period. The S. S. Resolute is scheduled to leave New York on June 30, 1934, and is due to return to New York on September 18, 1934, having covered a total of 21,121 miles. Shore excursions are optional with the cruise. According to the bulletin, this cruise fulfills to perfection the best of vacations. For a copy, write the Hamburg-American Line (ME 1-34), 39 Broadway, New York.

**TO BERMUDA AND THE BRITISH WEST INDIES:** This unusually attractive folder, lavishly illustrated with color photographs, paints an alluring picture of winter holidays in Bermuda and the British West Indies. To go to Bermuda; it points out, is to visit a quiet, old-world place where the bicycle is the nearest approach to our usual means of transportation, and where recreation in a multitude of forms is offered. St. Kitts, Nevis, Antigua, Montserrat, Dominica, St. Vincent, St. Lucia, Barbados, Grenada—the beauty, the quaintness, the historic interest that make for genuine tourist enjoyment are all to be found in these islands. Write the Canadian National Steamships (ME 1-34), 294 Washington St., Boston, Mass., for a copy of this entrancing booklet.

**SOUTH AMERICAN CRUISES:** Here is a little folder that tells interestingly what is in store for the visitor to the great continent just south of us. South America possesses her own romantic likenesses of the jungles and deserts of Africa, the glamour of Paris and Madrid, the relics of old civilizations found in Egypt. If you are interested, write to the Grace Line (ME 1-34), 10 Hanover Square, New York, N. Y., for your copy of this folder. It will give you all the necessary details about a variety of special cruises ranging in length from 18 to 40 days.

**SWEDEN:** This is the title of a rather elaborate folder published by the Swedish Traffic Association at Stockholm. Opened, the folder bears on one side a handsome, illuminated map—a brilliant, colorful affair which you might very well add to your present collection of pictorial maps. On the same side of the folder with the

map there is also a brief essay on Sweden, designed to give you in a minute or two an appreciation of the traditions and spirit of this northern land. On the other side of the folder is printed a guide to the principal attractions of Stockholm and Sweden. Address the Swedish Travel Information Bureau (ME 1-34), 551 Fifth Ave., New York City, for this combination map and Swedish information directory.

**GERMANY—ALL ABOUT MUSIC:** In the 48-page booklet that comes to us under this title, we have a really worthwhile treatise on the music of Germany. Profusely illustrated, its text material is the work of eminent authorities in the various departments of music generally. In it one finds scholarly and readable essays on such subjects as Germany's music life, music study, church music, music festivals, music for the young, etc. If you are interested in the combination of Germany and music, you will not fail to write the German Tourist Information Office (ME 1-34), 665 Fifth Ave., New York, N. Y., for your copy of this booklet.

**THE SWISS 1933-34 WINTER SEASON:** If you are fortunate enough to be planning to spend the remainder of the winter in the Alps, here is a compact little travel almanac you can not afford to be without. It gives the dates and locations of the varied sports, social, artistic, and theatrical events which Switzerland offers from now until mid-April. Write the Swiss Federal Railways (ME 1-34), 475 Fifth Ave., New York, N. Y.

**EUROPE BY MOTOR:** Should you be considering a trip through Europe by automobile, and find yourself wondering about this and that detail of the journey, you will probably welcome some worthwhile advice from a company of specialists in this line. Literature giving full details may be secured by writing to Europe-on-Wheels, Inc. (ME 1-34), 218 Madison Ave., New York, N. Y.

**GREAT WHITE FLEET CABIN PLANS:** This elaborate 15-page folder undertakes to give you, by means of numerous photographs, cabin plans, and printed descriptions, some notion of the luxury and comfort which may be yours on any one of the various ships compris-



The Borden Company was the first to submit evaporated milk for acceptance by the Committee on Foods of the American Medical Association. Borden's was the first evaporated milk to receive the seal of acceptance of this Committee.



## *Wait! . . . is she doing just what the doctor ordered?*

**I**S she giving her baby an Evaporated Milk that measures up to your high standard of quality, or is she using just any brand?

When you prescribe Evaporated Milk for infant feeding, you have in mind a high grade of milk . . . pure, fresh and wholesome. You know that there are differences in Evaporated Milks.

But the mother may not know this, and she needs *your* advice to guide her choice of brand and quality.

In all the Evaporated Milks produced by The Borden Company, the physician finds the quality he demands for infant feeding. Careful

selection of raw milk and rigid safeguards throughout the process of manufacture guarantee the quality, purity and freshness of every Borden brand . . . Borden's Evaporated Milk . . . Pearl . . . Maricopa . . . Oregon . . . St. Charles . . . Silver Cow.

Write for free sample of Borden's Evaporated Milk and scientific literature. Address The Borden Company, Dept ME14, 350 Madison Ave., New York, N. Y.

# *Borden's*

EVAPORATED MILK

ing the United Fruit Company's "Great White Fleet." These vessels leave every week in the year from New York, New Orleans, Boston, and San Francisco for the American tropics. If Havana, Jamaica, Panama, Columbia, Costa Rica, Honduras, or Guatemala are on your itinerary, you will find it worthwhile to write to the United Fruit Company, Steamship Service (ME 1-34), Pier 3, North River, New York, N. Y., for their attractive folder.

**TOURS IN AUSTRIA:** Austria, according to this booklet, has much of interest to offer tourists. Besides the beauty of mountain and river and lakes, there is the added charm of the country's old-time glories—hinted at in the picturesque ruins, castles, and famous monasteries still to be seen in the magnificent valley of the Danube. Besides suggesting the most advisable tours to Austria at large, this booklet naturally dwells upon the particular attractions of the capital city, Vienna, long famed as a center of medicine, art, and music. A request to the Austrian Tourist Information Office (ME 1-34), 500 Fifth Ave., New York, N. Y., will bring you this interesting booklet.

**LLOYD EXPRESS FIRST CLASS AND LLOYD TOURIST THIRD CABIN:** These are the titles of two handsome brochures which tell, largely through the use of photographs, about the special facilities and advantages of these two kinds of transatlantic travel. The first illustrates convincingly the great luxury and splendor of such ships as the Bremen, the Europa, and the Columbus. The second deals with traveling on these same ships, via tourist third class. A card or letter to the North German Lloyd (ME 1-34), 57 Broadway, New York, N. Y., will bring you both these pieces of literature.

## Salvaging Fees— But Keeping Patients

[Continued from page 37]

ing over their accounts while they are still fairly live.

Holding of accounts unnecessarily long, say, two or three years, makes it all the harder to collect upon them. Too often doctors wait until the patient has lost all desire to pay, or is out of work and is therefore unable to pay, or has skipped town. In the latter case, the bureau undertaking to make collections of necessity assumes the functions of a detective agency rather than that

of a credit and collection service.

Specifically, our organization operates in the following manner: Dr. Jones' statements to John Doe have been ignored. His own collection letters have likewise proved ineffectual. Eventually he decides to turn the account over to us. And so on a certain day we receive the account of John Doe amounting to \$78.50 owing to Dr. Jones, on the blank form furnished the doctor for that purpose. Immediately an acknowledgment is mailed the doctor, thanking him for the business and explaining that he will be informed as to developments.

A card is then set up carrying any history that has been sent in by the doctor, unless we already have the name of John Doe in the file, in which case Dr. Jones' name is added to the list of creditors. However, a separate ledger sheet is made, carrying Dr. Jones' account of \$78.50. The claim is also set up on another

## "HEALTH" CRUISES on the GREAT WHITE FLEET . . . to the

WEST INDIES and CARIBBEAN

**T**HE finest tonic you could prescribe! Equal parts of invigorating sea air, health-giving tropical sunshine and complete rest and relaxation. Faultless service and cuisine. All outside rooms.

From **NEW YORK**—a wide selection of cruises of from 10 to 20 days, from \$125 up—variously to **HAVANA, JAMAICA, PANAMA, COLOMBIA, COSTA RICA, GUATEMALA, HONDURAS.** Sailings every Thursday and Saturday.

Similar cruises from New Orleans, Los Angeles and San Francisco.

Regular service to and from **CALIFORNIA**

For further information apply any Authorized Tourist Agency or Pier 3 North River or 332 Fifth Avenue, New York.



**UNITED FRUIT COMPANY**

# COMFORT

*—The urgent desire of patients  
with urinary infections*

**T**HE pressing desire of some patients with urinary infections for relief from local symptoms may be met with Caprokol.

Even elderly patients, who are not in condition to endure radical procedures or even the usual diagnostic study, may frequently be kept comfortable—practically free of local symptoms—for indefinite periods with no other treatment than Caprokol by mouth.

Caprokol is excreted by the kidneys largely as a conjugate, but in sufficient concentration in the free state to impart active bactericidal properties to the urine. Hence its activity in the treatment of urinary infections.

## CAPROKOL

(Hexylresorcinol, S & D)

**Sharp & Dohme**

Pharmaceuticals      Biologicals

Philadelphia      Baltimore

Montreal



**SOLUTION FOR CHILDREN**

**CAPSULES FOR ADULTS**



card to be used by the outside collector when the time presents itself. The account is further posted to the Accounts Receivable ledger, from which it can be removed only by (1) payment in full (2) cancellation by the doctor (3) bankruptcy (4) outlawed, or (5) a skip—meaning that the patient can not be located.

After the files have been thoroughly checked for any information of value, we send a letter to John Doe. The law requires one such notice to be mailed to the debtor when a third person is handling the account. The first letter is as follows:

Your account has been placed with this Association for settlement. If there is a valid reason why you are unable to make a remittance on this immediately, kindly favor us with the courtesy of a reply stating your intentions regarding the future liquidation of this claim.

For your information, this organization is NOT A COMMERCIAL COLLECTION AGENCY but is the clearing house for medical, dental, and hospital accounts in Lucas County. It does maintain, however, a collection department designed especially for the medical and dental professions.

This statement represents the amount due to our member. We ask that you give it the attention it deserves at once, directing either a remittance or a letter of explanation to this office. Further action depends entirely on you—we are only asking your cooperation.

Very truly yours,

With minor accounts, incidentally, or when the delinquent has a good address, we send a second

notice rather than the more direct and forceful personal letter. If no reply is received within ten days to two weeks, we send a second letter, a little stronger, according to the age of the particular account, something like this:

Approximately ten days ago we mailed a notice from this Association calling attention to your account with the client above named. To this we were not even afforded the courtesy of a reply. Because of your seeming neglect, it has been referred to this department for settlement, or satisfactory arrangements providing for future liquidation.

The need for medical attention is often urgent and finds one unprepared to pay for such services. Therefore we urge immediate action. We are prepared to accord you every courtesy in effecting an amicable liquidation.

The membership of this organization is composed of a very unselfish and human type of public benefactor who have a perfect right to expect payment from those who profess to be self-supporting. Accordingly, before proceeding further we will appreciate a remittance from you or an expression regarding your intentions. Further treatment of this account depends entirely on you. For your information, however, we are prepared to ENFORCE the collection of this claim.

**THIS ASSOCIATION WILL WITHHOLD NO INFORMATION FROM MEMBERS OF THE MEDICAL PROFESSION.**

Very truly yours,

Usually we go on the assumption that two collection letters without response are enough before proceeding with the next step. Sometimes, however, we send out a third letter, somewhat

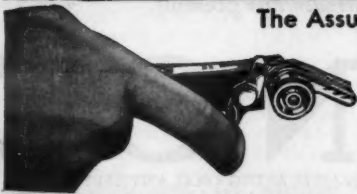
## National CAUTERIES and DIAGNOSTIC INSTRUMENTS

### The Assurance of Quality

Originators of the

"TRIGGER" Contact Cautery Handle

Now supplied at no extra cost



See Your  
Surgical  
Dealer



**National Electric Instrument Co.**

LONG ISLAND  
NEW YORK



One teaspoonful of Vince in a glass of water makes approximately a 2% solution.



Solution of Vince may be used as a spray for the nose or throat or gums.



Vince may be used as a powder on the toothbrush for protecting or treating the gums.



As a gargle, a solution of Vince in water is destructive to all types of germ-life in the throat and mouth.

## Not only VINCENT'S INFECTION

Thoroughgoing tests and extensive practical experience have conclusively demonstrated that fresh oxygen liberated by VINCE not only destroys the spirilla and fusiform bacilli of Vincent, but every form of anaerobic and aerobic organisms with which it comes in contact.

Destructive though Vince is to all varieties of micro-organisms, it is not only harmless but actually stimulating to the mucous membranes. Vince is alkaline in reaction—it liberates and dissolves mucus.

Vince is a pleasant-tasting powder. As a powder it may be used for the disinfection of surface areas. In solution, it is a pleasant and efficient mouth wash and gargle in Vincent's angina, tonsillitis, pharyngitis, and a good oral prophylactic. It corrects unpleasant odor in the mouth (probably by destroying the *T. microdentium* present).

# VINCE

THE OXYGEN-LIBERATING ORAL ANTISEPTIC  
Simplifies and improves the hygiene of the mouth and throat.  
Descriptive literature and trial supply on request.

sharper in tone than its predecessors:

No response to recent communications compels us to draw our own conclusions regarding your intentions on the above account, as all requests have been ignored.

We had hoped to make you see that your credit rating with the medical profession depends upon the payment of your accounts. It appears however, that this phase of the matter does not interest you.

We now feel that about all our efforts of a pleasant settlement are at an end, and unless we hear from you immediately, the only alternative we have left is to seek legal assistance. Such action can be spared by a personal call or corresponding AT ONCE with the writer, or with the doctor.

Very truly yours,

Our letters failing to elicit any response from John Doe we conclude it is time to send out a personal representative or collector. Our bureau employs three outside persons, two men and one woman, who work on a commission basis.

For economy's sake, before sending out a collector, we make every effort to get in touch with the delinquent account by telephone. Frequently we resort to the criss-cross or phone-street information directory to find him or the nearest neighbor to whose phone he may be summoned.

Provided the debtor has not moved recently, necessitating a problem of tracing, the collector will contact John Doe or a member of his family and promptly record the results of that visit on his card. Let us suppose we find that John Doe has no money at the time, but promises payment in another week or ten days. Accordingly, another call is set up for a date three days later than the date of promise, to give the patient ample time to mail the remittance or call at the bureau.

If it is not received, the collector makes a second call. This time he is more firm. Foreseeing the need of something more binding than mere spoken promises, he suggests a note, renewable every thirty days, and bearing interest at six per cent. He ex-

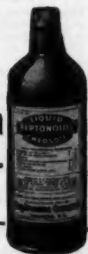
## Palatable non-irritating in the treatment of coughs .. grippe bronchitis

There is never any reluctance on the part of children or adults in taking Liquid Peptonoids with Creosote. It is palatable, non-irritating and can be retained by the most sensitive stomach. Clinical test will prove the value of this product as a bronchial expectorant and sedative. The coupon will bring samples and literature.

*By the makers of NEO-CULTOL.*

## Liquid Peptonoids with Creosote

The ARLINGTON  
CHEMICAL CO.  
YONKERS, N. Y.



Gentlemen:

Please send me a sample of Liquid Peptonoids with Creosote. ME-1

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_





**DOCTOR! Children  
Don't Mind  
NASON'S Cod Liver Oil**  
**It's Easy-To-Take—with 1000  
A Units and 190 D Units per  
gram of Oil**

If your efforts to build up infants and children have often been defeated by the fishy taste of commercial and unaccepted oils; if parents have not fully cooperated—try prescribing this easy-to-take cod liver oil.

**The name is Nason's Palatable Cod Liver Oil.**

This is the oil that children find easy to take. It is steamed from fresh livers of Norwegian cod within a few hours after the catch. Thus, it does not contain the disagreeable taste often associated with commercial oils. Then, we flavor it slightly with essential oils (less than 1/2%) to make it decidedly agreeable. Children take it readily.

**Prescribe it by name—  
Nason's Palatable Cod Liver Oil  
High Potency for Results**

Then, because of highest recognized potency, you get notably increased resistance, and freedom from rachitic tendencies.

15 drops (1 c.c.) of Nason's Cod Liver Oil contain 1000 A Units (U.S.P.) and 190 D Units. Less than one drop (.0066 gm.) a day for 8 days produces definite healing of rickets in leg bones of rachitic rats.

Prescribe from 15 to 30 drops (1/4 to 1/2 teaspoonful) 3 times daily for children—30 to 60 drops for expectant and nursing mothers. Specify Nason's by name on the prescription. Then note the results—in a lessening of complaints about taste; in the progress of your cases.

**TAILBY-NASON COMPANY**  
**Kendall Sq. Station, Boston, Mass.**

Pharmaceutical Manufacturers to the  
Professions of Medicine and Pharmacy  
since 1905.

**Nason's**  
Palatable ~ Lofoten  
**Cod Liver Oil**  
EASY-TO-TAKE



plaints that, if it is at all possible, a payment is expected to be made at the time of renewal of the note.

Mrs. John Doe may speak up to request that they be permitted to pay a stated amount each week. This condition is readily agreed to, and a booklet is set up for the purpose, the account arranged for weekly, semi-monthly, and monthly payments, every payment being entered in the booklet as well as in the ledger.

Now let us assume that John Doe for some reason or other fails to make his payments as promised. After various calls and a somewhat threatening letter, we send him a notice stating that legal action will follow his failure to remit or at least offer an acceptable reason for his non-payment.

This form of notice usually brings results. At the same time this step is taken, we of course get in touch with Dr. Jones, informing him of our intentions. With his approval, provided we are convinced that suit will bring results, we hand the claim to a reputable attorney and request him to take the case to court.

Such stern measures are seldom used. Should we win a judgment for our client, a record of that fact is made. It then remains for us to find something tangible to attach, or simply await the time when the debtor is possessed of something worth attaching.

If the delinquent account moves out of the city to a point too remote for our personal representative to reach him, we must follow the account through a series of tactful but firm letters up to the point where legal action becomes necessary. We then get in touch with an attorney in the particular city concerned, and have him enter suit. Generally speaking, law suits are to be restored to very seldom, and then only with the defiant, hard-boiled type of debtor.

In our personal experience thus far it has been unnecessary for us to enter suit against people in other cities. However, we have had excellent results in obtaining payment from people who have left the city unceremoniously, without the formality of leaving a forwarding address. One excellent and inexpensive way of obtaining information on "skips" is to engage the assistance of the postal authorities by the simple expedient of using one of the regulation forms provided by the post office department.

We simply mail a notice in an unsealed envelope, at 1½ cent postage, to the delinquent at his last known address. The envelope carries in the lower left-hand corner the formal printed notice: "Postmaster—If forwarded to a new address notify sender on form 3547. Postage for notice guaranteed." Thus, in about 50 per cent of the cases, at a cost of two cents for the return notice, we are informed of the new address of our absentee-debtor.

Further action depends upon the credit man's viewpoint of the particular case involved. Perhaps we send him an especially stiff letter, or decide to turn the matter over to a collector or lawyer in his city. If we decide to send him a letter, we set up a certain date, usually not over two weeks in advance, and if no reply has been received by that date, we proceed immediately to get in touch with a collector to handle the account in person.

Let me repeat that any self-supporting person can be made to pay for his medical services. Usually energetic, vigorous methods are not necessary, but where they are, the business bureau has no compunctions about using them. Nothing seems to work quite so well with certain insolent debtors as a threat to garnishee. With a surprising number of people legal forms, actually meaning



## Nasal Appliances

Anita Nasal Appliances comprise a bridge Splint, a Mould for soft tissues, a dressing Retainer for clinical use and an intra-nasal Tube. They are clinically tested appliances, especially developed to meet every need of the physician and should be on hand at all times.

*Write for illustrated literature,  
or see your Surgical Dealer.*

**Anita Institute**

617 Central Ave., East Orange, N. J.

## *The VIM slow ground* **SYRINGE** *eliminates* **LEAKAGE and** **BACKFIRE**

When you buy syringes ask for VIM "Slow Ground" Syringes. Slow Grinding eliminates leakage and backfire; prolongs accurate life indefinitely. Slow Grinding heat-resistant glass gives you a new smoothness, a velvety action. Only VIM Emerald Syringes are Slow Ground. To get freedom from leakage and backfire say to your dealer—"I want VIM—the Slow Ground Syringe."



**VIM SLOW GROUND**  
**SYRINGES**



## The Cold Wave

The aftermath of every cold wave is respiratory trouble.

Colds, bronchial trouble, congestions follow the temperature variations of our uncertain winter weather.

A time-proven adjunct to routine treatment is the "Cataplasma Plus"—Numotizine.

The medicaments, Guaiacol and Creosote, are slowly but certainly absorbed from the Kaolin emplastrum base, thus producing a definite and controlled decrease of fever, a dispersion of congestion, and a local analgesic effect.

Numotizine is an ethical prescription product, is not advertised to the public. Here is the formula:

|                          |       |                           |     |
|--------------------------|-------|---------------------------|-----|
| Guaiacol U.S.P. ....     | 2.6   | Quinine Sulphate .....    | 2.6 |
| Beechwood Cresosote ...  | 13.02 | C.P. Glycerine and Alumi- |     |
| Methyl Salicylate U.S.P. | 2.6   | num Silicate, qs 1000     |     |
| Formalin .....           | 2.6   | parts                     |     |

*Samples for clinical test supplied on request.*

**NUMOTIZINE, INC.**  
900 North Franklin St., Chicago, Ill.

Dept. M. E. 1

Please send me samples of Numotizine for clinical test.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

little or nothing, have an amazing effect.

For any debt of twenty dollars or over, we are only too willing to accept *cognovit* notes in lieu of cash. These notes, made payable to the association, run for 60 days, with the privilege of renewal, and carry six per cent interest. If payment is impossible at the end of any stipulated 60-day period, we insist upon the interest being paid, at least. One advantage of the note which is likely to be overlooked is that with the signing of a note the debtor renews his sense of responsibility to pay the account. Then, too, a note is good for 15 years, whereas the statute of limitations restricts actionability upon open accounts to six years.

This bureau makes every effort to maintain contact with the doctor who has placed a claim with us.

We have a regular form which we send to the doctor when he desires a detailed report on a par-

ticular case to date, or when the department wants some specific information from the doctor on a certain account. Automatically every 90 days a carefully detailed report goes out to the doctor on all his active accounts as of that date. And on the first of the month, when the money is paid into the bureau, checks are either sent or taken in person to the doctor by the manager of the bureau.

There is another thing, too, which our type of bureau does which could not be expected of the commercial agency. Wherever possible we have the patient pay the doctor direct, seeking thus to help keep the patient-doctor relationship intact.

In other words, collecting the delinquent account is only part of our job. And because of this attitude largely, I think, no patients have been lost to our members because of our procedure, to my knowledge, since the beginning of the bureau.

## Let's Shift the Emphasis!

[Continued from page 43]

neither extend life nor discover early significant pathology, still there remains much to be said in

favor of the health examination as a means of practicing personal preventive medicine. And what do we mean by this latter term?

Essentially, there are three phases to the practice. First I would mention the specific preventive measures—smallpox vaccination, toxin-antitoxin or toxoid immunization, the prophylactic and curative use of vac-

CHEMICAL

plus

MECHANICAL ACTION

equals

COMPLETE ELIMINATION

plus

DETOXICATION

# OcCy-Crystine

will work wonders. In addition to superior action as a combined hydragogue and chologogue cathartic, OcCy-Crystine will provide *Colloidal Sulphur* to detoxicate the BLOOD STREAM, and give *Chemical* with *Mechanical Elimination*.

**OCCY-CRYSTINE CORPORATION, SALISBURY, CONNECTICUT**

A Detoxicated Blood Stream, of the proper physiological density, is the ideal avenue through which medicinal and physical measures will best exert their therapeutic and prophylactic effects. Samples with dosage information sent when you mention *Medical Economics*.

*The new 4 oz.  
R. bottle*

## GLYKERON

*is now ready*

With the advent of our new 4 oz. prescription bottle, we meet the requirements of those physicians who prefer to prescribe an original bottle, thus assuring accuracy in the filling of their prescriptions.

Strictly a laboratory product, with uniformity of composition always assured, GLYKERON is offered for the prompt relief of

### Coughs, Colds and Other Respiratory Affections

Containing in a palatable vehicle, sedatives to the nervous mechanism and stimulants to the respiratory mucous membrane, GLYKERON is an efficacious product, deserving the physicians' full confidence.

GLYKERON now supplied in 4 oz. as well as 16 oz. bottles.

LITERATURE ON REQUEST

◆  
**Martin H. Smith Co.**  
150 LAFAYETTE STREET  
NEW YORK, N. Y.  
◆



cines, immune sera, convalescent sera, and the like.

Unfortunately for his economic well-being, this phase of personal preventive medicine, the most easily understood and appreciated, has been neglected by the private practitioner. As a result, much of the vaccinating and immunizing is now being done by governmental agencies in free and public clinics, frequently for those *not* of the indigent group.

However, there is a second phase of preventive medicine not so generally appreciated as immunology which is not yet adequately practiced by the private practitioner—the non-specific measures by which the doctor may promote the full constitutional and functional development of the individual. These embrace all hygienic and dietetic regimens which favor maximum growth and maximum health.

The obstetrician who supervises the daily routine of the gestating woman, the pediatrician who treats well children, knowing enough about mental hygiene to watch their psychologic and mental development—these physicians regularly practice personal preventive medicine of a non-specific type.

Personal preventive medicine has had a wholesome development in both obstetrics and pediatrics. But why should it be limited to these specialties of medicine? Why not do as much for other types of individual as for the gestating woman and the growing child? Undoubtedly others are no less in need of instruction, supervision, and guidance in matters of diet, exercise, recreation, personal hygiene, and mental hygiene.

Must the doctor wait until the overweight person breaks down under his adiposity and his years of bad living before venturing to advise and instruct him? And how about the man who overworks and under-exercises, who smokes too much and drinks too much, whose mental adjustment

## PRUNOIDS

**A LAXATIVE THAT  
IS HABIT BREAK-  
ING NOT HABIT  
MAKING . . .**

**A non-gripping elim-  
inant with sustained  
action.**

**A professionally rec-  
ommended laxative  
to restore NORMAL  
PERISTALSIS.**

**OD PEACOCK SULTAN CO.**

Pharmaceutical Chemists

4500 Parkview

St. Louis, Mo.



## Peacock's Bromides

**A combination of the  
five important bro-  
mides, Fifteen grains  
each fluid dram.  
GREATER EFFEC-  
TIVENESS, TOLER-  
ANCE and LESS-  
ENED RISK of  
BROMISM.**

**OD PEACOCK SULTAN CO.**

Pharmaceutical Chemists

4500 Parkview

St. Louis, Mo.



to his personal problems is unwholesome and wearing, whose ignorance in marital relations makes his own life and that of his family a trial? Doesn't he, clearly, need the help that would come through non-specific preventive measures?

•

In short, does it not seem that we are more competent to forestall or retard the development of degenerative or functional diseases than we are to cure them? Consider the man who comes to us with frequent colds or headaches, the woman with nervous indigestion, and the chronically tired underweight person. Would they not all benefit immeasurably more by our advice on how to live than by our pills and powders?

The third division of the practice of personal preventive medicine has to do with the retardation of already existing pathology. One recalls the words of Osler to the effect that if one wishes for a long life he should develop a chronic illness and then take care of it.

The periodic health examination is not a new specialty in medicine, and should not be a thing apart from medicine as the average general practitioner practices it day in and day out. It is an idea, a viewpoint, which should become an integral part of the practice of medicine, in order that the physician's services might be the more effective and satisfactory generally.

For in curative medicine, though his techniques may reach forth into the future, the physician maintains fundamentally the same relation to his patient as obtained a thousand years ago. As of the doctor of Plato's time, so of the doctor of today it is said that he thrives on the misfortunes of his fellows. Not infrequently his therapeutic efforts are questioned, if not openly ridiculed. And his fees are often begrudged him.

Under the present system the physician comes into contact with

his patient usually when he is ill and non-productive, when his income is lessened or stopped altogether, when the combined costs of his illness are cutting rapidly into the slowly-accumulated savings of years.

There can be little doubt, upon sober consideration of all these factors, that there is need for a profound change in the relationship of the profession and the public, and in the basic objectives of medical practice. The essence of this change is contained in the health examination idea which, as it becomes more generally applied, promises to exercise as far-reaching an influence upon medicine as did the demonstration of the germ causation of disease.

How can a so-called health examination given once a year, say, effect such miracles? The answer is through the profound alteration in the relationship between doctor and patient.

•

When he comes for his health examination, what does the patient receive? He receives a complete physical examination, given in an orderly manner. All the findings are recorded, the positive as well as the negative. And not the least important is the history of the patient, taken not alone in terms of preceeding illnesses but in terms of his every day life.

How does he eat? How does he sleep, and how long? When does he go to bed, when does he get up? What work does he do, where does he work, and under what hygienic conditions? What are his sexual relations, his emotional experiences and reactions? The doctor must consider all these factors and many more, and in the light of his findings he must advise his patient on how to live.

The doctor, no longer merely the emergency man on call when things go wrong, assumes an active responsibility for the safeguarding of the patient's health and efficiency. On the other hand, the patient obligates him-



THE promotion of a free flow of bile, with the resultant increased digestion of fats, is of great value in relieving chronic cholangitis, cholecystitis, and the so-called "bilious" attacks.

# WYALIN

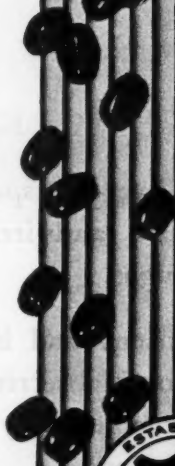
acts as a natural physiologic cholagogue; contains no phenolphthalein; supplies physiologically standardized pancreatic enzymes, and also increases the tone and directly assists bowel action.

Treatment with WYALIN may be continued without undue effect.

## FORMULA

Bile Salts . . . . . 1 gr.  
Pancreatic Enzymes . . 2 gr.  
Ext. Cascara . . . . . 1 gr.  
Ext. Nux Vomica . 1-20 gr.

*Samples sent to Physicians on request*



# QUICK RELIEF



## CITRI

### CITRI-CEROSE

- relieves the spasms of harsh and irritating coughs.
- loosens and liquefies bronchial secretions—promotes ready expectoration.
- helps maintain the alkaline balance.
- contains no sugar.



JOHN WYETH & BROTHER, Incorporated,  
Philadelphia, Penna.

Send me free physician's sample of

**WYETH'S CITRI-CEROSE**

.....M.D.

.....STREET

.....CITY AND STATE

FIRST CLASS  
MAIL  
PERMIT NO. 2848  
(Sec. 384 1/2 P L & R)  
PHILADELPHIA, PA.

**BUSINESS REPLY CARD**

NO POSTAGE STAMP NECESSARY IF MAILED IN THE UNITED STATES

2c POSTAGE WILL BE PAID BY

**JOHN WYETH & BROTHER, Inc.**

**1118 WASHINGTON AVENUE**

**SOUTHWARK STATION**

**PHILADELPHIA, PA.**

**XUM**

# FOR COUGHS

## C E R O S E

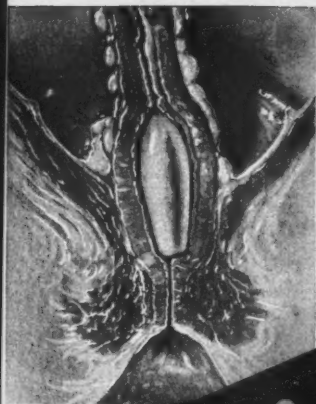
**PLEASANT TO TAKE . . .  
DOESN'T DISTURB DIGESTION**

CITRI-CEROSE is safe for children and may be prescribed as is for simple coughs.

When additional sedative action is desired, CITRI-CEROSE serves as an excellent vehicle.

The action of CITRI-CEROSE is alkaline, and as it contains no sugar it can safely be given to patients who cannot tolerate sugar.





**ANATOMICALLY  
CORRECT**

## **WYANOIDS**

**(Wyeth's Hemorrhoidal Suppositories)**

The torpedo shape allows the insertion of the pointed end first. As the widest diameter passes the sphincter muscle, the Wyanoid spontaneously moves inward where it is retained, melted and the therapeutic ingredients liberated.

Wyanooids quickly allay pain, reduce inflammation, restrict bleeding.

**JOHN WYETH & BROTHER, Inc.**

PHILADELPHIA, PA. and WALKERVILLE, ONT.



self to follow the counsel of his physician, and pay for it.

Economically, he charges the costs of this newer type of medical service to personal maintenance. He is called upon to pay when he is best able to pay, namely, when he is well and on the job. For his expenditures he receives definite returns in terms of good health and the accompanying sense of security.

What are the possibilities of the development of a periodic health examination practice by the average private practitioner? As medical practice is organized today, the physician has all too little time to spare for this type of medicine. He is obliged to treat the ailing and the acutely ill. The patient does not come to the doctor until he is in distress. In the few minutes which the doctor has to spare him his present complaint is heard, a diagnosis is hazarded and a line of treatment prescribed. This is emergency service—this is curative medicine, necessary under conditions as they are. But I submit that neither the practice nor the conditions are unalterable.

Every patient who maintains any sort of sustained contact with his physician should receive a complete health examination. And the doctor should feel himself duty-bound to urge the patient who comes to him with a medical emergency to return for a health examination. How, otherwise, can he be in a position to treat the patient most effectively at the next emergency?

In this respect the physician's responsibility is not an optional

one, nor is his role passive. On the contrary, as long as he is charged with the well-being of that patient it is his duty to urge him to come in periodically for a health examination.

The dentist does it, the obstetrician insists upon it; and the pediatrician declares that he cannot fulfill his responsibilities to the child unless he is brought back to him every so often.

There is no problem of ethics involved. In an acute illness we are ethically and legally obliged to return to the patient until his case has come to an issue, or our services are no longer desired. Similarly, our presumably well patients are in need of sustained watching and supervision.

To conclude, then, there is no doubt that the private practitioner can successfully practice personal preventive medicine. When he does so, *he practices better medicine, renders a better service to his patients—and is better paid.*

However, its benefits will not be fully apparent in the profession and among the public until a large majority of our physicians participate in personal preventive medicine. At present, the task of bringing about its general acceptance is proceeding slowly, so radical a change in viewpoint, in training, in the habits of both doctor and patient does it demand.

Yet the trend is defined; and it will become more and more apparent as the public and the profession awaken in growing numbers to the necessity of shifting the emphasis in medicine from the curative to the preventive side.

## REPEAL . . . . . COCKTAIL . . . . .

makes readjustments necessary. Moderate or excessive use of alcohol embarrasses the Blood Stream with toxic wastes. Occy-Crystine is the quickest relief because it unloads the bowel directly, detoxicates the Blood Stream through the liver and restores nerve control.

OCCY-CRYSTINE - 1 to 2 Tablespoonfuls  
Very cold water - - - Two-thirds glass  
Juice of a lemon

To be taken when the stomach is empty, and may be followed with a cup of very hot coffee.

OCCY-CRYSTINE CORPORATION, SALISBURY, CONNECTICUT





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Add

**T**HROAT affections are usually more prevalent during winter months and the physician frequently needs alleviating agents.

Thantis Lozenges were developed for use in the treatment of infections and irritations of the throat and mouth.

The lozenges contain Merodicein,  $\frac{1}{8}$  grain, and Saligenin, 1 grain, and combine antiseptic and anesthetic action. Low toxicity of the two ingredients permits frequent use and therefore almost continuous treatment of the affected regions.

Physicians have found Thantis Lozenges effective in the treatment of acute throat infections. The lozenges are especially useful in relieving the pain follow-



ing tonsillectomy and in reducing the infection by controlling the number and viability of pathogenic bacteria.

Literature and a sample package will be sent to physicians on request.



---

**HYNSON, WESTCOTT & DUNNING, INCORPORATED**  
BALTIMORE, MARYLAND

Please send me a complimentary package of Thantis Lozenges together with appropriate literature.

..... M. D.

Address .....

### Results of 3½-Year Clinical Study of 440 Children

|                          | FIRST YEAR<br>Standard Diet | SECOND YEAR<br>Added Citrus Fruit | THIRD YEAR<br>Standard Diet |
|--------------------------|-----------------------------|-----------------------------------|-----------------------------|
| GINGIVITIS, Incidence    | 74.9%                       | 12.4%                             | 60.3%                       |
| DENTAL CARIES, Incidence | 78.0%                       | 33.7%                             | 83.4%                       |

## Dental Disorders Checked by High-Citrus-Fruit Diet

*Complete Details of Mooseheart Work  
Made Available to Dentists, Physi-  
cians and Nutritionists in New  
Monograph—Illustrated in  
Direct Color*

THE average American diet appears to be deficient in certain substances requisite to dental health. Gingivitis and dental caries can occur in the majority of a large group of children who are receiving a quart of milk, one and one-half ounces of butter, a pound of vegetables, half a pound of fruit and nearly one egg a day.

The addition of a pint of fresh orange juice and the juice of one lemon leads to a disappearance of most of the gingivitis and about 50% of the dental caries.

#### *Liberal Amount Needed*

When the intake is reduced to three ounces a day for one year, these ailments tend to reappear in their former intensity.

These conclusions are announced in "Diet and Dental Health," a monograph reporting a three and one-half year study made at Mooseheart by The Sprague Memorial Institute at the University of Chicago.

Continuance of preliminary work on an amplified scale was made possible by the California Fruit Growers Exchange in providing fruit and additional funds. The Exchange also made available to the University of Chicago Press color plates for the monograph, per-

mitting the Special Advance (\$1) Edition to contain the identical illustrations used in the regular \$4 edition.

#### *Physicians: Send for Book*

Physicians and Nutritionists, as well as Dentists, will find much of the clinical material in "Diet and Dental Health" directed to them. Tables give precise data, such as serum calcium, oral bacteriology, etc., on the children. This permits correlations for various purposes. The Mooseheart research is easily the most comprehensive clinical nutritional study of children on record. As only a limited number of subscriptions for the monograph can be made available at \$1, an early return of the coupon and remittance is urged.

Copr., 1934, California Fruit Growers Exchange

### 300 PAGES

### \$1.00

48 pages of illustration chiefly of actual color photographs. Pre-publication offer: Special Advance Edition durably bound, \$1.00.



UNIVERSITY OF CHICAGO PRESS, Div. 401-M  
5750 Ellis Avenue, Chicago, Illinois

Enter my order for "Diet and Dental Health," at the pre-publication price of ONE DOLLAR. I enclose ☐ money order, ☐ check, ☐ currency.

Name

Street

City  State



California Fruit Growers Exchange  
Sunkist Oranges - Lemons - Grapefruit

# Literature & Samples



**ALPHA-LOBELIN:** Two pamphlets describing this product and a reprint from the American Journal of Obstetrics and Gynecology entitled "The Treatment of Asphyxia Neonatorum by the Injection of Alpha-Lobelin Into the Umbilical Vein," by Robert A. Wilson, M.D., may be obtained from the Ernst Bischoff Company, Inc. (ME 1-34), 135 Hudson St., New York, N. Y.

**SAMPLES OF PETROLAGAR WITH CASCARA:** Said to possess the advantages of Petrolagar-plain and fluid extract of cascara sagrada, this new product is offered by its manufacturers for trial by members of the medical profession. An original package for personal use and samples for clinical trial are offered free. Address Petrolagar Laboratories, Inc. (ME 1-34), 8134 McCormick Blvd., Chicago, Ill.

**SAMPLES OF NOVOPIN:** This bath preparation, offered in liquid balsam, capsule, and tablet form, has as its featured ingredient true pine-needle essence. Literature and samples may be obtained by writing the Novopin Pharmaceutical Co., Inc. (ME 1-34), 110 W. 42nd St., New York, N. Y.

**DOUCHING FOR HEALTH AND BEAUTY:** This is the title of a pamphlet designed for the instruction of patients. It contains much practical as well as educational information on the various uses of the douche. Copies may be secured by physicians for distribution to their patients, from the Research Department of the Holland-Rantos Co., Inc. (ME 1-34), 37 East 18th St., New York, N. Y.

**SAMPLES OF GUDE'S PEPTO-MANGAN:** This tonic, according to the description given by its manufacturers, is a clear, dark, non-acid fluid, of agreeable, non-astringent, mildly aromatic taste, which may be taken plain or with milk or water, as preferred. It is available also in tablet form. For literature and samples write the M. J. Breitenbach Co. (ME 1-34), 160 Varick St., New York, N. Y.

**THE TREATMENT OF PULMONARY TUBERCULOSIS:** Here is a 54-page, pocket-size booklet consisting of reprints of two papers on calcium therapy which appeared originally in the Medical Re-

cord. Published by William Wood & Co., and available by writing the Standard Emulsion Co. (ME 1-34), 141 Greene St., New York City, this piece of literature should prove a welcome addition to any physician's library.

**THE COLD FACTS ABOUT COLDS AND HOW TO PREVENT THEM:** The perils of dry, hot air in the home and the advantages of modern air conditioning, from the standpoint of both health and comfort, are brought out in this small illustrated folder, copies of which may be secured from the Campbell Metal Window Corp. (ME 1-34), 100 East 42nd St., New York, N. Y.

**DEAN'S "VITAMIN D" EVAPORATED MILK:** Developed for infant feeding particularly, this evaporated milk is fortified by Vitamin D. Each 14½-ounce can is said to contain the equivalent of 2½ teaspoonfuls of cod liver oil. Its makers assert that the Vitamin D does not detract either from the taste, the odor, or the appearance of the milk. For a free, large-size sample and the booklet, "Laboratory Data," address the Dean Milk Co. (ME 1-34), 20 North Wacker Drive, Chicago, Ill.

**ANITA NASAL APPLIANCES:** Literature describing these appliances states that they comprise a bridge splint, a mould for soft tissues, a dressing retainer for clinical use, and an intranasal tube. Illustrations show how the appliances are used. Write the Anita Institute (ME 1-34), 617 Central Ave., East Orange, N. J.

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**VIANIN VAGINAL SUPPOSITORIES:** Samples of this new treatment, together with literature and case reports covering the several discharge-producing conditions for which it is said to be efficient, are offered to physicians. Gentian Violet is the germicide factor. Write to William H. Rorer, Inc. (ME 1-34), 267 South Fourth St., Philadelphia, Pa.

**"VITAMIN D" MILK:** Those interested in securing the most up-to-date information regarding the use of Vitamin D for the prevention of rickets in infants will find this mimeographed manual of confidential data for health authorities, physicians, and dentists of extreme interest. For your copy address the National Oil Products Company (ME 1-34), First and Essex Sts., Harrison, N. J.

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# Propaganda

[Continued from page 20]

times detrimental in result, but always effective. Wars have been fought in the interest of religious propaganda, whole nations torn asunder at its behest.

Now turn aside once more to another phase of this subject. I have said that the physician has never used intensive propaganda for the interests of his professional practice, even though he knows that a closer bond between himself and the public would be to the interest of the public as well as to himself.

I do not mean at all that there has been no propaganda for medicine. But such propaganda as there has been has been to the detriment rather than the benefit of the physician.

Medical propaganda of two kinds was begun in the nineteenth century. First there was the propaganda for charlatanism. The examples set by Elisha Perkins and by Franz Antoine Mesmer were expounded in the nineteenth century and were built into organized form. Organized lay cultism came into being with such manifestations as Christian Science, osteopathy, and chiropractic.

There had been many metaphysical healers before Mrs. Eddy, many bonesetters before

Andrew Still, but none grew into lasting eminence; to the doors of none was there a beaten path. It was Eddy and Still and their followers who used organized propaganda, subtle but effective. The physician today feels the pressure of their activities.

Again in the nineteenth century and still more so in the twentieth there was developed a different kind of medical propaganda, one to which the physician has lent his efforts. Public health became organized.

None of us for one moment doubts that vast benefit has come from public health propaganda. Furthermore, it is true that many matters of public health do not directly concern the personal activities of the practicing physician; they deal instead with broad, general phases of medicine, often now incorporated in our laws, such as sanitation and food inspection.

But who shall draw the line between such general measures on the one hand and on the other those which do fall within the province of the practicing physician? Where shall one begin and the other end?

Always in public health progress the trend is from the general to the specific, from the ills of the public to the ills of the separate individuals who make up that public.

The first stage is the education of the individual, a highly de-

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sirable thing. Unfortunately, this education does not always insist upon the practicing physician as the nucleus of all medical endeavors. Rather it features the organization which provides the education. From education of the individual it is only one step to the treatment of the individual. This sequence is natural and logical; public health by imperceptible stages thus becomes altruistic or charity medicine.

To effect the necessary propaganda of charity, great organizations have been built up, ponderous organizations; and quite naturally they are devoted primarily to the interests of altruistic medicine, and only secondarily to those of the practicing physician. In the hands of such organizations the powers of propaganda furnished by great funds of money, great public patronage, have been put into the hands of lay publicists. The interests of charity have been brought continually before the public.

As a result, public opinion has been influenced profoundly in its conception of the duty of the physician and in the regard in which it holds the practice of medicine. Such an idea as the socialization of medicine with the subordination of the physician, promulgated in recent years, has not arisen from spontaneous inspiration; it is an idea implanted by propaganda, the hypertrophied propaganda of organized charity.

The physician gains nothing by being negativistic in such matters, or by denying them. He will be carried with the current of public opinion whether he be willing or unwilling.

Viewed in the light of common sense the fact is that medical assistance today is one of the necessities of life, as is clothing, or food, or shelter. It should be treated as such and purchased as such. There is, of course, a place for charity in the case of those who are unable to purchase necessities.

But the propaganda for charity

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## WISHING YOU A HAPPIER NEW YEAR

If *anybody* deserves a happier New Year, it's the physician. He's given service without stint — and often hasn't sent a bill. When he has, he's been a lot more patient than we could ever be.

• So, believing that a happier New Year actually is in sight, for all of us . . . we want to wish it first to you.

**Gerber's**  
FREMONT, MICHIGAN



separates medicine from the other necessities. If the doctrine which it attempts to apply to medicine were applied likewise to food and clothing and shelter—an entirely logical extension—we should have not altruism but socialism.

The discrimination made against the practicing physician exists because he does not defend his rights and his interests nor the best interests of medicine and of the public as he sees them.

I repeat that propaganda in medical matters today is either for charlatanism on the one hand or for altruistic medicine on the other. There is little or no sincere intensive propaganda for the practicing physician.

Furthermore, such crumbs as fall to his fare are none of his earning. They appear almost solely in the radio programs and advertising pages of manufacturers who wish to curry favor with the physician and obtain his influence.

In this regard I know whereof I speak. At no time is the truth told in outspoken words about cultism. The commercial sponsor of the program shudders when the words Christian Science or chiropractic find their way into the program copy. Christian Scientists must not be offended, for they use toothpaste and have X-rays taken; and the chiropractor buys mouthwashes.

Nor can the problems of the private physician be fully and truly presented. It is bad commercial policy to counter the propaganda of organized charity. In consequence, the public hears of medicine as a pleasing, romantic, innocuous story intended to

arouse interest in medicine's contributions to civilization, but one which incidentally implants the belief that the benefits of medicine should be bestowed as an unearned blessing upon the public. Such propaganda is *not* in the best interests of the physician. Neither do I believe it is in the best interests of the public.

Propaganda today is not carried out as it once was by meandering along the road, preaching to the citizens. Much of the mechanical progress of our civilization has been in the development of expeditious means of communication, literally of means for spreading propaganda.

In the old days propaganda was slow, and public opinion in consequence was stable. With the means available today propaganda is rapid; public opinion can be changed quickly. To hold it stable requires intensive and persistent propaganda.

But propaganda now costs money. And yet, when well directed, it pays large dividends. It is, however, only the money paid or raised by the group directly interested that buys propaganda suited to their needs. Billions of dollars are today being spent to shape public opinion. Little of this propaganda brings as much advantage to the public as would propaganda defending and advancing the interests of the practicing physician.

One of the biggest radio stations on this continent is controlled by a charlatan; he finds that propaganda pays. Without propaganda, charlatanism would die. Without propaganda the pri-

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MARVOSAN is compounded of oxy-quinolin sulphate ( $C_9H_7NO$ )<sub>2</sub>,  $H_2SO_4$ , boric acid and lactic acid incorporated in a starch-glycerite base of balanced viscosity which insures adequately prolonged antiseptic action.

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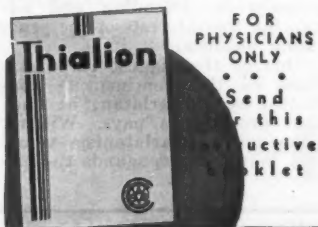
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vate physician will also die. The fact that legitimate medicine is beneficial and charlatanism is harmful to the public has, of itself, little influence upon public regard.

I think I can give at least one answer to the question, "Why don't physicians employ propaganda for their own interests?" Here's the reason: They don't know how, nor are they inclined to fight for the rights and interests of their group. The younger of them would perhaps do so, but by the time they have reached the age and dignity of leadership they have an income sufficient to provide for their diminishing needs. Then they have grown conservative. Conservatism in this case is another name for indifference or lack of aggression. Such practitioners no longer possess the militant spirit that is aroused by personal incentive.

The problem of propaganda in the interests of the practicing physician is, in effect, two steps away from the public. Before public opinion can be shaped to the benefit of the physician, the opinion of the physician must be shaped so that he will take the first step forward.

Propaganda must first be applied to physicians in the rather vague hope of stirring them from their lethargy, from their engrossment in individual interests, so that they will actually join and work together for a common interest: the bringing of their propaganda before the public.

And when that happy day arrives, what shall the doctor advertise, and how? Doubtless radio programs and newspaper space boosting in a general way the worth of the legitimate medical practitioner as opposed to the quack and the cultist will result in an increase of good-will toward the profession. But will they bring doctors additional practice? That is the thing to be considered.

Any experienced user of ad-

vertising, it seems to me, knows that it would be a sheer waste of money, time, and energy to create, first, public interest in and, eventually, demand for, a certain something, unless, when the demand shall have been created, that something is immediately available for the prospective purchaser.

This suggests perhaps the basic weakness in a generalized program of advertising for the medical profession. If doctors want to get any tangible returns from advertising they must have something tangible to offer the public, to whom their campaign is directed.

That is why I favor the advertising of the annual physical examination, for example. True, I know that many physicians, among them some very good friends of mine, are against the physical examination. "Why waste time on well people," they demand, "and run the risk of making hypochondriacs of them?"

Personally, I feel that the risk is slight. I believe that the physical examination is amply justified from the standpoint of both patient and doctor, in that it gives the doctor a chance to know his patient so that he can the more efficiently serve him when an emergency arises.

When medical groups are convinced of the very real need for propaganda, and undertake to use it in their own best interests, may I urge this consideration as strongly as possible: Don't make the naïve error of supposing that slipshod methods of preparing and presenting propaganda material by radio and print will bring results. Nothing is further from the truth.

Propaganda, if it is to achieve its objectives, must be meticulously planned, painstakingly executed, and persistently driven home day in and day out, year in and year out.

## CACTINA PILLETTS

A non-toxic, non-irritating cardiac tonic made from the fresh green drug *Cactus Grandiflorus*.

Useful in ARRHYTHMIAS, TACHYCARDIA, TOBACCO HEART and the FAILING HEART of the AGED, etc. . . .

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An indispensable aid  
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If *dependability* determines your preference for a therapeutic measure in the treatment of constipation, AGAROL will be your choice.

Because your patient must have *palatability*, freedom from oiliness and artificial flavoring, you will find in AGAROL the preparation your patient prefers.

Agarol is the original mineral oil and agar-agar emulsion with phenolphthalein.

*Liberal trial supply gladly sent to physicians.*

## AGAROL— *for constipation*

WILLIAM R. WARNER & CO., INC., 113 West 18th St., New York City

## The Public Health League of America

[Continued from page 12]

and economic reforms in medicine which they have not been able to achieve individually. If the medical profession and its supporters fail to unite in a common effort to promote modern, scientific medicine, chaos is bound to result; but by forming a united front to fight their common battles they can dictate their own terms.

The Public Health League of America will undoubtedly be asked what its beliefs, its guiding principles are. These may be expressed, briefly, as follows:

Modern scientific medicine has been the greatest achievement of man in his long and arduous trek up from savagery to present day civilization.

The private physician is the most important factor in the whole public health movement.

The physician's personal responsibility and interest in his private patient is the keystone in the arch of all public health.

Any scheme which reduces a physician's income, his initiative, or his interest in his work, with resultant destruction of his efficiency, is bound to be inimical to the best interests of the public health.

Impersonal medicine, as exemplified in health centers, in clinics, and in corporate medicine, never did and never can take the place of personal, private practice.

The indigent patient is not, justly, the responsibility of the physician. The indigent patient

is the product of society. Hence, society is directly responsible for his welfare, and should pay for such medical care as he may need, out of the general tax fund.

The same economic laws govern medicine and medical service that govern any other business or activity in the commercial world. The medical profession has service only, to offer; an industry may have groceries, shoes, automobiles, or some other commodity.

In either case, there is a certain overhead, as well as a definite primary cost, that must be met before the merchant can deliver his commodity or the physician his service.

An industry or profession that gives away one-third of its product and delivers another third at cost or below, is undeniably headed for bankruptcy.

Preventive medicine is as much the legitimate activity of the private physician as is curative medicine; and any attempt by public officials to depose the private practitioner from his rightful place in the field of preventive medicine is destructive to the best interests of the public health. Such action should meet with a firm rebuke from all citizens who have the general welfare at heart.

One of the most appalling sights in the world is that of the medical profession—the cornerstone of public health—being coerced to impoverish itself, cajoled to compete with itself, and urged to subordinate itself to the dictates of hare-brained theorists and meddling outsiders.

The medical profession, as one of the world's more erudite groups, should certainly be intelligent enough and sufficiently

## BROMO ADONIS

THE BROMIDE OF GREATER TOLERANCE, GREATER POTENCY, WIDER USEFULNESS.

Bromo Adonis No. 1...in nervous indigestion, hysteria, insomnia, etc. Bromo Adonis No. 2...when a more lasting sedation is indicated, as in chronic idiopathic epileptic cases.

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Undesirable  
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Minimized*



**T**HE usefulness of iodine therapy is well established, but how to secure it without iodism has long been a problem. In a general sense, of course, iodine therapy is inseparable from iodism, but

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In RIODINE (Astier), which is a 66% solution in oil of an iodized glyceric ether of ricinoleic acid, containing about 17% of iodine, the iodine is held in such a form as to pass through the stomach unchanged as iodized fat and to be absorbed from the intestines. Consequently, it is held in the cells in a lipoid-soluble form and remains in the body for a considerable period of time.

Riodine (Astier) is of obvious advantages in cases where the continuous action of small amounts of iodine is desired, such as *Cardiorenal disturbances, Hypertension (Arteriosclerosis), Bronchial Asthma, Chronic Bronchitis, Pulmonary Emphysema, Chronic Rheumatoid Arthritis, Latent Syphilis, Lead Poisoning, Hypothyroidism, Simple Goitre, Obesity.*

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450 Seventh Ave., New York

courageous to direct its own destiny.

With this statement of the underlying principles subscribed to by the Public Health League of America, we now pass on to its four main objectives. These are:

1. To bind together all members of the ethical healing art, their likeminded friends, and their natural allies, into a single activating unit for the promotion of public health.

2. To protect modern scientific medicine.

3. To safeguard the best interests, self-respect, and morale of the individual patient.

4. To preserve the proper relationship between patient and physician.

If the foregoing aims are to be realized, organized medicine must work along these lines:

(a) Control the education, volume, and distribution of physicians.

(b) Appoint or nominate health officers, and determine the scope of their activities.

(c) Close all free clinics except those used for legitimate teaching purposes.

(d) Cause the indigent to be treated in the offices of private physicians, such care to be paid for out of taxes.

(e) Have all immunizations done by the private practitioner in his own office.

(f) Require low-wage earners to be covered by insurance for major health calamities, possibly subsidized by philanthropy, by taxes, or by both; the cash indemnities to be paid in each case directly to the physician who has treated the insured.

(g) Insist upon proper revision of the Food and Drugs Act to protect the public from harmful products and from fraudulent and misleading advertising.

(h) Prevent the practice of medicine by corporations and lay-

men who have not the proper training to diagnose disease.

(i) Inaugurate a nationwide, health-education campaign so that the public may know what the ethical medical profession can do to prolong life and to maintain health.

(j) Forbid the prescribing of lenses for eyes by those who are not prepared to diagnose disease, unless the patient has secured a certificate from someone proficient in such diagnosis, stating the pathology, if any, in the eye for which a lens is to be prescribed.

(k) Require that every physician who wishes to practice a specialty must first have spent a definite number of years in general practice.

(l) Devise a suitable sign or insignia that will be truly symbolic of the healing art, the popular use of which would differentiate the ethical practitioner from the quack.

That there is urgent need of a Public Health League of America is abundantly attested to by the phenomenal success of the Public Health League of California and by the hundreds of inquiries received by the author from every part of the nation since the publication of his two previous articles in *MEDICAL ECONOMICS*.

Theodore Roosevelt once said, "A great social movement backed by popular approval is the most irresistible power in the world."

Cooperation, we might add, is the only thing that can bring about such a movement.

As it happens, the sponsors of the Public Health League of America are more than pleased with its prospects. If the many requests received urging that the league be launched at once are any barometer of its forthcoming success, the months ahead will witness its growth in size and significance at a rate seldom



● What does it mean to be able to recommend a method of vaginal hygiene with entire confidence in its efficacy? It means, among other things, an easy mind, than which there is no possession more priceless.

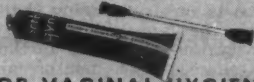
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Ortho-Gynol provides mechanical and chemical protection in one—combining a tenacious gum base that effectually blocks the cervical canal, with antiseptic ingredients that destroy bacteria and intruding live cells. Its use, additionally, in the local treatment of Vaginitis, Leukorrhea, and Endocervicitis is indicated.

If you have not yet been supplied, send for a full-sized tube of Ortho-Gynol with unbreakable transparent applicator (actual value \$1.50).

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## For Better Rural Practice

[Continued from page 25]

this isolation was accepted as part of the job. Indeed, it is doubtful whether the average man was even conscious of it. Now that it is no great trouble to drive to a district medical meeting occasionally, the doctor is likely to catch a glimpse of progress outside his own range of experience.

This makes him a little dissatisfied. The man in that frame of mind is ripe for postgraduate study, and the fellowships offered by the Fund often ease the way to such study just enough so that his ambition is realized. The presence of a good general hospital, which immediately puts a premium on modern practice and offers an index by which the public is likely to gauge a doctor's efficiency, accelerates this tendency.

Nearly a score of physicians, on the average, have gone away to study from each of the six rural hospitals during the last five years. Each of them had three or four months at a good school, with the opportunity to rub elbows with leaders in the profession and to brush up against an infinite variety of new experiences. Many men pick up a wealth of new information which they are able to put to work promptly in their everyday practice.

Four months is a short time in which to fall in step with the amazing progress of medicine in the last decade or two; but even when the physician's capacity for grasping new technic is limited by his age and previous isolation, he is likely to be so stirred by his adventure that his whole professional outlook is fresher.

It can not be claimed that desirable effects always accompany

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**BEFSAL** may be used in sufficient concentration, over prolonged periods, to remove the cause of the affliction without injury to the human organism.

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However, when roughage is used which irritates the mucous membrane, the results are apt to be disastrous.

Supplying non-irritating bulk is accomplished by the administration of

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*Psylla* is inert—its action in the bowel is purely physical: it takes up water, enlarging many times its size and throws off a mucilage which protects and cleanses the mucosa.

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the grant of a fellowship. Something in the man himself is answerable for the success of such an enterprise. But the project works often enough to justify the outlay.

Doctors wishing to receive fellowships make application directly to the Fund. Generally the younger doctors receive the most favorable attention, since, obviously, it is more in keeping with the general purpose of the project to give the advantage of postgraduate training to a man who is coming back to the rural area for a great many years of service than it would be to make the opportunity available to the man who, in a few years more, will be retiring from practice.

These fellowships are indeed attractive; for, besides providing for all the expenses of postgraduate study—tuition, travel expenses to and from the place of study, etc.—the Fund also allows the doctor a generous monthly living stipend. Courses held for the postgraduate training of the physicians who hold these fellowships are given at Harvard for Massachusetts doctors, at Vanderbilt University for Tennessee doctors, and at Tulane for Mississippi doctors.

At all three of these institutions (though naturally there is some variation in the attention given to each part of the work) diagnosis, general medicine, obstetrics, and pediatrics account for the greater part of the time given to instruction in these graduate courses. Vanderbilt offers also some training in minor surgery and such diagnostic aspects of major surgery as are of value to the general practitioner in rural practice.

During the course each group has contacts with preventive medicine and public health work. In the main these fellowships are correlated with public health development, most of them being awarded in the districts in which public health service is being directly fostered.

As might be expected, those



physicians who have had the privilege of completing these courses are both enthusiastic and appreciative. Many of them have expressed themselves as being honestly surprised to find out during the study periods away from home and away from practice just how rusty they had become.

In practically all instances they have been inspired to return with the idea of practicing a more modern, scientific type of medicine, recognizing as they never would have recognized had they not had the advantage of an outside viewpoint, that their own former practices really left much to be desired.

One of the fellowship men sums up the situation aptly in the following words: "I think the average practitioner is pretty well up on the art of practice, but rather lacking in the science of medicine, careless in his examinations, and neglectful of laboratory aids in establishing his diagnoses . . . The very dearth of doctors in the country and the resulting lack of competition tends toward lack of thoroughness in diagnosis and careless and slipshod methods of treatment."

Even more promising, because it has an eye to the future, is the effort to familiarize *undergraduate* students of medicine with the technic of preventive practice and to interest them in the preventive aspects of general medicine. For the development of instruction in this field the Fund has made substantial grants to Vanderbilt, to Tulane, and to Tufts College Medical School in Massachusetts. Vanderbilt already had a chair of preventive medicine, but at the other two institutions new professorships of preventive medicine have been created.

At these three medical schools, during the past four years, groups of undergraduate scholarships have been awarded to men agreeing to enter rural practice



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at the end of their basic training. Each of these practitioners specifically promised to settle in a town of not more than five thousand population, and to stay there a minimum of five years after graduation. The first group to complete their four-year course under this plan will be graduated at Vanderbilt next June.

The schools administer these scholarships, a committee of the faculty in each institution considering the applications and making the final selections. And as there are from forty to fifty applicants to choose from in awarding each group of five scholarships, the faculties have been able to pick some excellent men.

The amount furnished by the Commonwealth Fund is sufficiently generous to enable these men to take their courses without having to work on the side for a livelihood or to go into debt for the cost of their medical education. Under the terms of the grant, each four-year stipend becomes a loan and its repayment is required if, on the completion of his internship, the scholarship holder disregards the terms and goes into urban instead of into rural practice.

Naturally, the ease with which people can get into town these days, thanks to our tremendously improved transportation facilities, makes it quite unnecessary for there to be as many doctors in the rural areas as there were, say, fifteen or twenty years ago. Nevertheless, a shortage of really qualified men for country practice has for some years been imminent. It is therefore a matter of considerable satisfaction that some few years hence, thanks to the scholarship provision of the Fund, there will be a small but steady supply of young physicians of better-than-average attainment ready to bring modern medicine to the rural areas of the three states mentioned.

Important as has been its work

in the field of rural public health, an even more interesting phase of the program of the Commonwealth Fund has been that carried on by its Division of Rural Hospitals. In spite of the close relation between public health and the broader field of medicine, the Fund points out in a recent report that much more attention has been paid in this country to the development of public health service for rural communities than to the betterment of their basic medical service.

Naturally, a program which has already resulted in the establishment of six modern fifty-bed hospitals in the rural areas, and which proposes the carrying on of the idea in other sections of the country during 1934, could not have been successfully inaugurated and carried on without the cooperation of the particular localities or communities concerned.

The very idea of a general hospital in a rural region is still sufficiently novel to present a real problem in adaptation to both the country doctor and the patient. In fact, officials of the Fund declare, the task of building a hospital is an easy one, compared with that of building a hospital program into the life of the countryside.

To each community in which it has considered establishing a rural hospital, the Fund has said, in effect: "We will give approximately two-thirds of the cost of building and equipping a well designed hospital of fifty beds if you will undertake to run it in accordance with accepted standards and will underwrite the deficit which it will quite properly and inevitably incur.

"We will also help in such ways and to such a degree as seems desirable in the development of public health activities.

"We will help your physicians to render better service by paying the cost of several months of postgraduate study for a number

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**EFFECTIVE**—Nascent Oxygen, which is released from Dioxogen, is the active ingredient. By its oxidizing action it quickly destroys bacteria and their spores. Upon pus, pathologic exudates, dead or devitalized tissue, it has an actual destructive action...but at the same time it does not devitalize healthy tissue nor inhibit the activity of enzymes. Acts both chemically and mechanically.

**SIMPLE**—Ready for immediate use.

**RELIABLE**—Dioxogen is more stable, stronger, and purer than standard solutions of  $H_2O_2$ . It retains its strength. Dioxogen contains less than one-fifth the residue, and less than one-fourth the amount of free acid found in standard 10 volume solutions—and it is 25% stronger.

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of them, and by making it possible for the hospital staff to have medical and nursing institutes.

"In return, we look to you to recognize the hospital as a community asset—not merely as a workshop for your physicians, and as a community service—not merely as a luxury for the well-to-do.

"We expect that as soon as practicable you will offer out-patient service to the indigent sick, admitting them to hospital beds with conscientious care when they need it.

"We expect you to encourage your local health officers to use the hospital whenever needed for public health progress, and to co-operate with them in well-considered plans for sanitation, the control of communicable diseases, and preventive service.

"We expect your physicians to consider themselves working partners of the hospital in preventing disease and in promoting the general health. And we expect them to put the health interests of the community and the hospital before their individual interests as private practitioners."

Since 1926, under the hospital and public health programs together, the Commonwealth Fund has given 212 fellowships to physicians and 14 to dentists. Of this number, 35 have studied at Harvard, 40 at the New York Post-graduate Medical School, 55 at Vanderbilt, and 64 at Tulane, with scattered awards at other schools of similar standing.

As has already been pointed out, the scholarships for the men appointed by the Division of Public Health are given at Tulane, Vanderbilt, and Harvard. There the four-months' period is devoted primarily to internal medicine, pediatrics, and obstetrics, with some attention to public health and other special fields of importance to the general practitioner. Men receiving scholarships from the Division of Rural Hos-

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We suggest a trial of these cough capsules in a case that has resisted ordinary medication.

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*In* COLDS  
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as part of your routine treatment.

Used internally, Echthol stimulates leucocytosis and builds up the patients resistance to infection.

Used as a gargle and nasal spray, it allays inflammation and promotes healing.

Does not interfere with other treatment.

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Please send sample and literature of Echthol.

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pitals are allowed to choose their own institution, with the advice of the Fund. Though their work is planned individually, emphasis falls along much the same lines.

Scholarships are not given for study in a specialty, except in a very few instances in which the man is already well established in a specialty, or for the sake of equipping some one member of the local hospital staff to do acceptable work as a roentgenologist.

Another phase of the general educational program carried on in connection with the rural hospital project is to be found in the several one-day institutes which are held during the year at these rural hospitals. To these sessions have been brought a notable group of leaders in medicine and surgery from the country's outstanding hospitals and medical schools—men certainly not often accessible to isolated rural physicians.

In the past the rural physician has usually defended his patient singlehanded against illness and premature death, and he must always carry the major responsibility. However, he need not stand alone. If he can get a firm grasp on modern medical technic, he may be able to move forward from his defensive position to an aggressive attack on disease.

Of course, to build up the defenses of rural communities against disease; to strengthen the hand of rural physicians, and to give them better tools with which to work—these and similar ends are not to be achieved in a year or even in a short span of years.

Nevertheless the results of the Commonwealth Fund's rural health program even up to this time are so encouraging that its sponsors and leaders are hoping that each of the rural hospitals thus far built or projected for the future may become, in fact, a

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veritable health center, the core of the whole health program in its particular community.

Certainly the Commonwealth Fund has taken a long step toward the permanent betterment of rural health problems by strengthening the professional resources of the country physician and by encouraging young, well-trained recruits to enter rural practice.

## Medicine's Stepchild

[Continued from page 32]

enough alone, or a sanctimonious observation on the superficiality of beauty, disregards important elements of mental wealth.

It is conceded that gross deformity is usually accompanied by nervous and emotional aberrations of varying degrees. In the same way, slight and even imagined disfigurement is a source of violent psychic reactions in hypersensitive individuals.

If these persons do not receive guidance and relief from their family doctors, they will seek it elsewhere—and the fount of wisdom usually turns out to be an advertisement in a tabloid newspaper, a lurid story in a cheap magazine, or a beauty parlor.

Thus the boundaries of plastic surgery, vague to begin with because of their newness, are further obscured by the incursions of quacks and irresponsible practitioners. The ethical plastic surgeon must contend with the aggressive sensationalism of unqualified cosmeticians, on the one hand, and with the indifference of his reputable colleagues on the other. He cannot hope to combat either effectively until his field receives official acknowledgment as an organized entity.

During the World War the special aims and requirements of

surgical reconstruction were fully recognized. Every army had its section of plastic surgery. To this organization, as well as to the unprecedented concentration of material, may be attributed the amazing advances made by reparative surgery at that time.

Since the war, the organization of plastic surgery has been allowed to lapse; and progress, accordingly, has not continued at the same swift pace.

The Society of Plastic and Reconstructive Surgery was organized two years ago to secure the recognition of this branch of medicine as a full-fledged specialty, and to realize its maximum potentialities for the public and the medical profession. To reach its goal it must effect important reforms in several directions.

•

The basis of any scientific specialty is special training. This is certainly true of plastic surgery where, in addition to considerations of surgical technique, definite aesthetic principles must be invoked in each case.

Anatomy must be considered, not merely with respect to pathology, physiology, and general surgery, but from the standpoint of the artistic topography of the human form. Surgery itself is not limited to the eradication of disease but is, so to speak, sculpture in the living.

The reconstructive surgeon must combine the precision and artistry of the sculptor with skilled operative technique and a thorough knowledge of the utility and availability of the various tissues of the body.

At the present time, if available data are to be credited, there is not a single undergraduate medical college in the country that includes reconstructive surgery in its curriculum, or even imparts to its students a theoretical conception of the aims and scope of plastic repair. Graduate schools are scarcely less remiss. Such courses as they offer are



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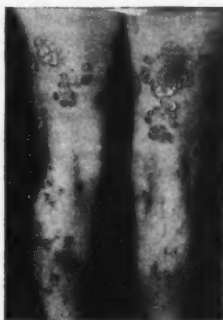
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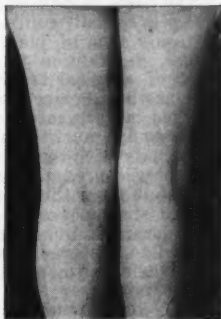
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superficial and scattered, and there is no attempt at organized, systematic training.

The natural result of this indifferent and haphazard instructional system is that any one who desires to do so practices reparative surgery without regard for its special demands. In the absence of authoritative standards of fitness and a national qualifying board, neither the profession as a whole nor the public appreciates the broad educational requirements of plastic repair; and the unfortunate concept of the beauty doctor overshadows the entire field. The sensational tactics of the latter do nothing to dispel this misapprehension.

It is to be hoped that recognition of plastic repair as a separate division of medicine will lead to the establishment of suitable instructional opportunities. Only when proper minimum standards are formulated and

supported by the medical profession at large can the so-called beauty specialist be exposed in his deplorable inadequacy.

Unfortunately, the very medical organizations from which co-operation might well be expected have shown themselves singularly indifferent to the rampant quackery in a sphere of increasing importance to the public. Ignoring the fact that here is a vast field



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of legitimate work for the profession, they maintain an attitude of apathetic indifference or "passive resistance."

Not one of the State or national societies has a section on plastic surgery where unsettled or controversial questions can be studied and new and improved methods presented. The Society of Plastic and Reconstructive Surgery has created the first open forum in the United States for the full and open discussion of topics related to plastic repair.

Its programs have embraced the social, psychic, and legal aspects of this specialty, as well as surgical procedures and germane scientific questions. Its speakers have included eminent representatives of all branches of medicine that overlap reconstructive surgery at any point.

The interests of the Society lie, and always have lain, with plastic surgery rather than with the plastic surgeon. It does not desire to aggrandize any particular, exclusive group, but to develop an important branch of medicine which, extending over the entire body, is nevertheless based on certain unique principles that demand specific training for their successful application.

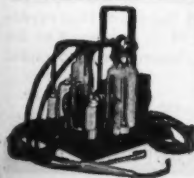
If within the medical profession itself there is some confusion as to the requisites and scope of reparative surgery, it is not to be wondered at that the public dwells in profound—though not always blissful—ignorance of the true nature of this specialty.

The average layman views the plastic surgeon in the same light as he does a hairdresser or masseur. He does not realize that even minor operative procedures require a skilled surgeon and an aseptic environment; and he has no notion of the rigid surgical principles that govern every operation, plastic or otherwise.

The Society of Plastic and Reconstructive Surgery has set itself to bring order out of this chaos

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of misconception. It intends to reveal surgical reconstruction to the public in its true light, with no aura either of sensationalism or of condescension. It expects to explain the potentialities of plastic repair and to call attention to its limitations and risks.

A set of resolutions adopted by the Society several months ago illustrates the method of its educational campaign. In a memorandum sent to health officers and important medical journals throughout the country, it pointed out the dangers of the irresponsible and sensational stories that frequently appear in the lay press on the subject of plastic repair, defined the true boundaries of this field, and warned against the performance of even minor reconstructive procedures by unqualified practitioners or in a questionable surgical environment.

The response to these resolu-

tions was prompt and gratifying. Either the entire memorandum or an abstract appeared in numerous lay journals. Medical publications the nation over gave it space, sometimes with editorial comment. Many health officers used it in their local bulletins.

The Society of Plastic and Reconstructive Surgery is still too young to have reaped the full fruits even of its first efforts. Encouraged by the progress it has made in the brief two years of its existence, however, it will continue its efforts to educate profession and public on the potentialities, value and prerequisites of plastic repair.

It will not rest until surgical reconstruction is recognized as a separate and distinct specialty, with the advantages and opportunities accorded every other legitimate branch of medicine.

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